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ORIGINAL ARTICLES.

THE WOUNDED IN TIMES OF PEACE.

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SECTION I.

For the wounded in war everything seems to have been done that the science of surgery can accomplish, enthusiasm suggest, and money purchase. It seems to be the pride of nations, next in order to possessing the most complete means of destruction, to possess the most efficient means of alleviating and atoning for the injuries inflicted.

But what is done for the wounded in times of peace? In the majority of cases, they are left to the tender mercies of the sympathizing citizen and the untrained police, who, albeit their good will, more frequently injure than help the victim, until a young, underpaid and over-worked ambulance surgeon arrives, with the meagerest and cheapest array, who, in compliance with his duty, drags the wounded man to some city pest-house honored with the name of hospital, where, if the case be an interesting one, as it is called, he will visit the clinical amphitheatre, become the subject of sundry experiments, possibly of a surgical operation, not absolutely necessary, perhaps, but just to show the class how it is done. Thence, if his good fortune favor him, and he escape the dissecting table, he may be restored to the world a wiser, though probably not a better man.

If any incredulous mind inquire where this is done, the inflexible finger of history will point to the Hotel Dieu, Guy, St. Thomas, Bellevue, and a hundred like places. I have seen it done. Nay, I sometimes feel something like a pang of remorse as though I had done it myself.

It may be argued that the wounded in war receive their injuries through circumstances over which the government has more or less control and for which it assumes the responsibility; that it is a clause of the soldier's contract on enlisting, to be cared for in every emergency, and lastly that they shed their blood in the defense and service of their country; while the wounded in times of peace are injured either through their own negligence or that of others, and owing to circumstances in which the government is not directly concerned.

To this I would answer, that the citizen who by his labor adds his mite to the nation's wealth, and directly or indirectly contributes to the budget that supports the nation's government, has a right to be attended to in the hour of need within the limits, but also to the full extent of, the government's means, though there be no direct compact on the subject. And, moreover, setting aside national zeal, that the brave slain on the battlefield falls not more gloriously than the laborer of peace who, in erecting a monument to human civilization and progress, loses his footing on the scaffold, and from the height of an East-River-Bridge-Tower, is hurled to the ground.

Recently all governments have opened their eyes to their responsibility in the matter of the nation's health, and the whole civilized world is alive on the question of the prevention of epidemics and other sanitary problems. But no government has yet done enough, while many have done absolutely nothing, toward the more easy task of guarding against and attending in the proper manner to the many accidents, as they are called, that must occur in all communities, accidents that grow more numerous as the community grows richer and more prosperous.

It is a melancholy thought, though it is founded on fact, that there are few things of which man is more lavish than of his own life, and that one of the most difficult and thankless tasks men have to perform is the protection of individuals against their own rashness.

Accidents that occur through the carelessness, inefficiency or mismanagement of corporations generally result in immediate compensation directly to the sufferers or their families and indirectly to society at large.

After each catastrophe, courts of law hold the delinquents to strict accountability; and public opinion, with greater power than the law, enforces improvements in the particular institution that has caused the loss and to a certain degree, in all others of kindred nature.

Thus, if a building fall, burying in its ruins a dozen victims, twelve individual suits for heavy damages follow on the one hand, and on the other a general demand for safer structures, which leads to improved architectural methods.

No sooner does a theatre take fire and consume in its burning vortex a throng of pleasure seekers, that better means are provided, not only in theatres but in all other places of congregation for guarding against conflagration; and no railroad disaster ever occurs that it does not act as an incentive to the inventions of new safety appliances, the enforcement of additional precautions and to the exercise of greater vigilance and care. Thus society is indirectly benefited by the changes wrought by the calamities themselves.

Individual cases, however—cases where the victim's responsibility is supposed to be his own—go on unchecked, apparently uncheckable, the more lamentable, that they serve no visible purpose, and though in single file, swelling the number of deaths by violence to armies and legions wherein those sacrificed on the rail, by fires or even in warfare seem only as straggling companies.

The more the reason why governments should endeavor to economize this useless expenditure of their best capital, the blood and life of their citizens, by providing the best surgical assistance to these victims of their own temerity, and at least palliate that which it seems they cannot remedy.

I do not mean to imply that every one meeting with an accident, or receiving a wound, should become a government pensionary for professional assistance. I mean, that for the large number of victims—a number much larger than people have any idea of—who meet with injuries in the streets of a civilized city, city governments should provide ready and proper means of assistance and

transport. I mean that there should be a Civil Ambulance Corps worthy of the name, such as would not be put to shame by the poorest military ambulance; composed, not of apprentices, but of experienced surgeons, well paid and sufficient in number; of companies of men trained and drilled for the purpose; the best ambulance wagons, the best horses, the best stretchers and the best surgical appliances.

That there should be throughout all cities, places specially designed and well fitted for the purpose of first surgical assistance, not police stations nor hospitals, which for obvious reasons are ill adapted for that object, where the injured might receive their first treatment previous to being removed to their homes or to hospitals, if such were their choice. That all this should constitute a separate branch, though a part of, the department of police. In fact, I see no reason why in all civilized countries, the entire police force should not be trained in the handling and transportation of the wounded.

FREQUENCY AND CAUSES OF WOUNDS.

In order to ascertain as nearly as possible the number of wounded in times of peace, together with the causes that have directly or indirectly influenced the occurrence of the wounds, I have made a careful study of the statistics of the most populous European and American cities, comprising London, Paris, Berlin, New York, Brooklyn, Philadelphia and Boston; also of the Reports of their hospitals and dispensaries, besides many personal investigations, and epistolary inquiries from hospital officials, officers of health and statisticians in general, covering a period of twenty years, from 1859 to 1878 inclusive.

I have thus been able to arrive at the tolerably accurate conclusions here presented.

The annual number of wounded in times of peace is about thirty thousand to every one million of people, or three per cent. of the entire population. Of these, about one thousand result fatally.

Injuries causing less than two days' disability—that is, two days' absence from work or two visits to a surgeon, hospital or dispensary—are not included in these numbers. In order to eliminate the innumerable small accidents, which have no surgical significance, I have followed the example of the English Factories Commission, which does not require that a case of injury should be reported if it occasion less than two days' disability, and I have likewise drawn the line at that point.

These injuries are distributed through all classes of society, no class being exempt from its share in the probabilities of being wounded, though these probabilities are powerfully influenced by circumstances of occupation, habit, age, sex, physical and other conditions.

OCCUPATION.

Occupation figures as a factor in the causation of injuries to a greater degree than any other single element. Some occupations are more fraught with dangers of this kind than others. Factory hands, for instance, labor under peculiar disadvantages. Nearly all their working hours are spent in the midst of rapidly-running belts, revolving-wheels, circulating-saws, spinning-jennies, stamping-hammers and moving machinery of all kinds. Is it a wonder that the most shocking deaths and horrible mutilations occur among these classes? Only too frequently do we hear of a worker becoming entangled in a belt and being carried around drums and shafts, thrust and pulled through cranks and cogs, until he is wedged in the gearing and is extricated an unrecognizable mass of broken bones and twisted flesh.

More frequently still, a hand, an arm, a foot, a leg is left between the teeth of a ratchet or the sheaves of a pulley. And as for broken hands, crushed fingers, cuts, pinches, bruises, they are countless.

From a record of 7,989 cases of wounds inflicted by machinery on operatives during the year 1873, compiled

from the report of the Inspector of Factories,* 301 resulted fatally, 3,290 resulted in loss of the whole or part of the upper extremity, 39 involved the loss of part or the whole of the lower extremity, 805 resulted in broken bones, 503 in injuries to the head and face, 5,042 in lacerations and injuries of a less severe nature: though sufficient to cause over two days' disability.

Railroad employes are also much exposed from the nature of their occupation, and great numbers of them are annually sacrificed.†

The returns of killed and wounded on the railways of Great Britain for the first nine months of the year 1880 disclose a slaughter as terrible as that of many a pitched battle. At the Alma the allies lost 423 men killed and 2,121 wounded, whereas between Jan. 1 and Sept. 30 of said year 831 persons were killed on railways, and 4,791 injured. None of the recent battles in South Africa or Afghanistan caused so much bloodshed as nine months' railway traffic. The average is slightly over 3 deaths and 17 casualties per day. Only 82 of the killed were passengers, and 506 of the wounded; the rest were workmen in the employ of the companies or contractors.

Masons, roofers, carpenters, house-painters, and all those engaged in the erection of buildings, contribute largely to the number of wounded. Out of the 30,000 injuries already mentioned, 1,980 were occasioned by falls from scaffolds, roofs, ladders, etc., among this class of people. Of these, 66 resulted in loss of life, 819 in broken bones.

All occupations removed from the surface of the ground either above or below it, are more or less dangerous. The simple act of washing windows contributed 73 victims to the 30,000, of which 20 died.

Hoisting and handling heavy articles, especially rolling goods, hoghead barrels, etc., causes the death of about thirty-four longshoremen annually in the cities of New York and Brooklyn, and over fifteen hundred of them are wounded in the same period of time.

Dealing with fire, or with inflammable and explosive materials greatly swells the list of the wounded. The necessary occupation of cooking furnished 1,300 accidents to the 30,000, of which 49 proved fatal.‡

HABIT.

The influence of habit is equally well established. By habit I mean, any action which, from its frequent repetition, either from necessity or choice, becomes habitual to the individual.

The habit of crossing streets crowded with vehicles, contributed 8,108 injuries to the 30,000, of which 107 were fatal to life, and 544 resulted in broken bones.

The daily and unavoidable habit of going up and down stairs contributed 1,411 accidents, of which 41 resulted in loss of life, and 598 in broken bones.

Travelling, whether by steam or horse power, is a fruitful source of injury, the latter much more so in proportion than the former. It may seem a paradox but it is nevertheless true, that to every accident to passengers on a railroad train, there occur thirty accidents to persons riding on vehicles drawn by horses, in proportion to the

* London.

† In connection with the working of the Railroad system in the State of Massachusetts during the seven years between September 30, 1871, and September 30, 1878, no less than 1,900 cases of injury were reported, of which 1,008 were fatal—an average of 144 deaths a year. Of these cases, naturally, a large proportion were employes, whose occupation not only involves much necessary risk, but whose familiarity with risk causes them to incur it even in the most unnecessary and foolhardy manner. During the seven years 308 of them were killed and 375 were reported injured. Nor is it supposed that the list included by any means all the cases of injury which occurred. About one-half of the accidents to employes are occasioned by their falling from trains while in motion, usually from freight trains and in cold weather, and in being crushed between cars while engaged in coupling them together. From this last cause alone an average of 27 casualties is annually reported.—Notes on Railroad Accidents, by Charles Francis Adams, Jr., 1879.

‡ These figures include accidents in lighting kitchen fires with kerosene oil.

number of travellers. The prevailing popular impression to the contrary, emanates probably from the fact that the long file of individual accidents of the second kind affects only small circles at a time, and pass unnoticed; while the wholesale nature of the less frequent railroad disaster affects large numbers of the community at once, and forms the topic of social discussions and newspaper articles for days and weeks. This, notwithstanding the injuries received in railroad collision and derailments, are of a peculiarly severe nature. I have found it impossible to establish a definite rate of mortality or injury resulting from travelling by rail or otherwise, there being but few works on the subject of railroad accidents, and only old French statistics on the subject of stage coach travelling. It is probable, however, that over 1,000 passengers are annually injured on the railroads of the United States, one-third of these fatally. In England, the number seems to be less in proportion to the number of travellers, and least, in France.

Indulgence in what are called athletic sports adds no small number to the list of the wounded in time of peace. The invigorating exercise of skating is carried on in the city of London at the expense of 4 lives, 26 broken limbs, and 248 cut heads per annum; while swimming costs some 31 lives, exclusive of the large number of drowned by purely accidental immersion.

In Boston, during the year 1874, ten children and adults lost their lives in the popular sport known as coasting; while all over the civilized world the bicycle, the roller skate, the trapeze, the bat, etc., are responsible for many a life and many a limb.

The habit of congregating together in closely-packed crowds, for whatever the purpose, frequently results in bodily injury to some—generally the weaker—of the congregation; very slight causes being generally sufficient, under such circumstances, to produce panics and stampedes that result in wholesale slaughter.

Under all circumstances, habits of recklessness—such as the handling of fire-arms, of explosive and inflammable substances, the throwing of missiles of all kinds—sooner or later are sure to result in harm to self or to others.

Besides these, there are four species of wounds which cannot be said to be directly* influenced by occupation or habits. These are: those which individuals inflict with deliberate intent upon themselves, with suicidal or other purpose, or upon others in self-defense or feloniously; those inflicted by the forces of nature—strokes of lightning, frost-bite, insolation; the limited number of what may be termed spontaneous injuries—broken bones and dislocated joints, due to involuntary or uncontrollable muscular contraction, the rupture of abdominal parietes, from undue exertion; and lastly, those inflicted by the surgeon in the exercise of his professional duties—though this last class is not included in the established annual average of thirty thousand to the million of population.

AGE.

The bearing of age upon accidents is of a complex nature, the influence it exercises on the rate of mortality from injury being almost in an inverse ratio to that which it has on the rate of wounded, to the living population; for while the age of activity is the age at which individuals receive the greater number of injuries, it is also the age at which they are in a better condition to resist the effects of the same. The agency of sex is also somewhat complicated. Though, as a general rule, the female is rather less prone to injury than the male, it on the other hand succumbs more readily

under the same injury. Besides this, the reproductive period, which is one of peculiar susceptibility in the female, coincides with the period of the greatest activity of resistance in the male.

Early infancy, that is, from birth to the end of the fourth year, though in a decreasing ratio as age advances, is unfortunately susceptible to injury, and to death from injury, irrespective of sex; the rate of infant mortality from violence being out of proportion to all other causes of death. In this instance, as in many others, the paucity of statistical resource is deplorable, and it is impossible to determine not only the number that survive their injuries, but also, in the cases of death, what part is due to criminality and what part to the inability of the undeveloped organisms to resist the effect of accidental injury. The only figures I can present, therefore, refer only to the number of deaths from injury at certain ages. The annual deaths from violence under five years of age are, for every million living, 1,451 among boys and 1,188 among girls.

Between 5 and 10 years, the annual mortality from injury is, in boys 488 and in girls 201. Between the ages of 10 and 15 the mortality from all causes is at its lowest rate, and deaths from injury are more numerous among boys than they are from any other single malady. Thus, the deaths by violence in males average .077; from consumption, .076; from febrile diseases, .057; from zymotic diseases, .066. In the female sex deaths by injury average .016. From 15 to 20, violent deaths in males are .086; in females, .016. From 20 to 25, in males, .095; in females, .013. From 25 to 35, in males, .100; in females, .013. But at this age childbirth induces a mortality of .069, thus making the mortality under these two heads greater than the mortality of men by violence. From 35 to 45, accidents kill men at the rate of .115, like injuries, growing more fatal. In women the rate is still much lower, being only .018. From 45 to 55, the deaths by violence are .137 in men; .037 in women. From 55 to 65, in males, .161; in females, .038. From 65 to 75, in males, .181; in females, .072. At this age the mortality of women from cancer and surgical operations is .265. From 75 to 85, in males, .225; in women, .164. Beyond this statistics are not found.

OTHER PHYSICAL INFLUENCES.

The physical conditions to be considered in connection with the etiology of wounds are both physiological and pathological. Physiological physical states influence the causation of accidents; pathological states bear more particularly on the results of injuries.

Of the latter proposition I will only state, at present, what is obvious; that the healthier the wounded tissues the more readily will they resist and recover from injury, and *vice versa*; and what is true of individual tissues holds true of the entire organism.

Of the former there is more to be said. Statistics have already shown us that, of a given number of healthy individuals, performing the simple act of ascending and descending stairs, a given number will certainly fall and be injured. Or, what amounts to the same thing, that if an individual goes up and down stairs, the question of his falling and being injured is simply a question of time; and that this issue cannot be controlled—though it may be modified—by any amount of care the individual may decide to exercise. Leaving aside the question of injury, which is determined chiefly by the height of the fall and the nature of the objects which the body strikes, the fall itself is not the result of any assumed law of chance, but of unflinching, uncontrollable, physical laws.

ACTION OF THE DAHLIA.—This flower (*Hom. Rundae*) has upon bees a decided narcotic effect, so that it is not advisable to cultivate it in the neighborhood of the hives. Bees also shun the honey of the oleander, and flies are killed by it.

* Occupation and habit may be said to influence these species of wounds in an indelible manner. For instance, suicides are most frequent among gamblers, and all those whose occupation exposes them to heavy financial losses. Insolation and similar accidents are more frequent among those whose occupation or habit subjects them to exposure, while the habit of indulging in intoxicating beverages may be held responsible for a large number of felonious assaults.

INTOLERANCE AS PERPETUATING SO-CALLED SECTS IN MEDICINE.

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In any discussion of the subject of the science of therapeutics founded upon the law of similars, with many medical gentlemen we are met upon the threshold by the assertion that "there is no such law;" that "the practice is a humbug, without principles or facts for its foundation." If we ask why they think so, the answer is often, "because, it is;" and if again pressed for a reason for their statement, the reply may be, "because the majority of practitioners have not adopted it, do not believe in it, and frown upon a discussion of the subject in their societies." To our suggestion that the latter course looks like smothering the question, from the fear that to consider it might be thought a concession, and that the best remedy for supposed error is a thorough examination of its claims, they gravely affirm that it is an absurd law, and doubt if any of its adherents honestly believe in it themselves! We may name prominent men who not only believe, but are devoting their lives to teaching and practicing it, and are eminently successful. They admit them to be learned, cultured, and gentlemen of undoubted honor, but solemnly shake their heads and add, "There must be a screw loose somewhere in their professional make-up, or they would be shining lights in the ranks of the army of physicians who inherit all the good things, ancient and modern, in medicine." As if all that is valuable in medical history is not as open to one body of students as another. The answer to our next question will explain in a great measure the preceding ones; for the reply to an inquiry if they have investigated for themselves the treatment of disease by drugs having similar action, symptoms, or phenomena as the disease itself, is almost always in the negative.

It is useless to remark that they are condemning what they practically know little about; but it seems a fact, nevertheless, that a large number of physicians are content to take this position without evidence otherwise than the attitude of their associates. Nor is it strange, in the light of past events, that they do so. Until recently, where has free discussion of *similia similibus curantur* been tolerated in their medical gatherings? and if any of their number has been bold enough to persist, and asserted his belief that there was some truth in that law as applied in therapeutics, and he was willing to acknowledge it, how long has his standing among his fellows remained unimpaired? Has he not been treated coldly professionally, and oftentimes socially, as well? the intolerance of some persons evidently tending to confuse their ideas of the civilities of every-day life. Indeed, it appears to be a serious offence, in the atmosphere which surrounds this class of individuals, to be conscientious in this one direction; any other opinion on scientific points may be indulged in—not this.

Now, is this position of any body of practitioners tenable? Does it rest on anything more substantial than bigotry, and a feeling that because a belief has not been sanctioned by their predecessors or themselves it cannot be true, and that in the continued absence of such approval it must surely disappear, only to remain of consequence as an item of history? This course towards it has not prevented its growth, though it may have tended to make it seem somewhat exclusive, as a mode of practice; and if it continues to appear such to-day, it cannot be said to be the fault of those who adhere to it as a well founded law of therapeutics. Whatever may have been the inclination to make it an exclusive dogma in its infancy, no such desire has largely prevailed in latter times; but rather that it might fill its place as a part of the science of medicine, to live or fall upon a sufficient test of its merits.

We have seen, however, that it has been impossible

to study freely this law, or develop its range of application in disease, under the guidance or control of the dominant school. That its standing at this time as a principle in medical treatment, has been attained under adverse criticisms, adds to its value. The majority of its followers now believe it to be a general law of cure, of almost universal application in the treatment of disease. Few doubt the existence of the opposite, or law of *contraria*, but restricted mainly to the action of large doses, and chiefly useful as palliatives in morbid conditions, which are often incurable. Under the former law small doses have been found most effective. Honest differences of opinion exist in regard to dosage, as in many other questions of like importance; but it cannot be maintained that infinitesimal quantity or potency is any more applicable under this law than small doses of the triturated drug or tincture. So the charge that treatment by similars is necessarily use of infinitesimals, ought to be considered only as an evidence of ignorance of the subject of the one making it. On the other hand, the clinical proof of the dynamic and curative action of high potencies is too conclusive to be overthrown by the arguments of materialism, usually offered against them.

To obtain a knowledge of the action of drugs on the human system, the medical records of all time have been culled, and thousands of provings made on the body in health, in recent years. From the vegetable kingdom, the fresh juice of plants, so far as is practicable, have been used; and other substances improved in preparation, or carried to a high degree of subdivision. The sum of this work is the homeopathic materia medica, on which rests the therapeutic law, "like cures like."

We believe that this law has been verified by abundant clinical proof; that it is scientific, and is based on physiology. The normal performance of the functions of the system maintaining health are physiological. What are the effects of substances given in health and pictured in symptoms, but deranged physiological action, or drug action? Primary disease, at least, from morbid elements operating in the system, is physiological derangement.

What is the process of cure of disease by remedies under the law of similars, if not by substituting drug action in place of that from noxious elements, until the latter are neutralized, or eliminated; when drug action is also discontinued, by omitting the remedy, and health is established without injury to the economy, because of the minute, or infinitesimal doses given? That there are limited physiological antagonisms between drugs, and between diseases and drugs, does not contradict, or in the least weaken our position. Morbid states may, at times, require treatment by producing antagonistic action with comparatively large doses of medicine; but it must be conceded that it is less in the line of cure, and more in that of palliation, or relief from pain, and seldom supplants the cause by opposing its effects, while it disregards nature's indications for elimination in many instances, and adds another foreign material for the system to rid itself of; thus delaying cure.

Again, it may be said that the law of cure by similars rests upon and makes use of that vital power of selection, upon which functional integrity depends, whereby these elements are appropriated from the blood necessary for the repair, growth, or product of every part.

So, in diseased conditions, a remedy is given which is known to have an action on those parts, of a similar nature and with like symptoms. Being rightly chosen and supplied to the system, it is carried to the seat of morbid action, and there taken up by the same power of selection, or affinity. So sensitive, apparently, are diseased parts to the physiological action of drugs, that infinitesimal quantity is often sufficient for cure, but insufficient to disturb normal action; hence healthy parts are not deranged by treatment, as might be the

case by the use of large doses. The above fact, explain it as we may, is not the least of many strong points in favor of appropriate treatment by minute doses, even if not sustaining the theory by analogous reasoning.

Man has, in the past, been treated for disease too much as a mechanical combination, or chemical compound, and too little attention paid to that process which appropriates matter under the direction of a higher vital force, not only rebuilding the tissues, solids, and liquids of the body, but creates and sustains thought, reason, emotions, aspirations, faith, etc., etc., which, in turn, influence or control the physical being, to a greater or less extent. Whether these phases of a higher life are varied manifestations of one force, or not, they help to make the individual whole, as much as a nerve or a muscle, and as such demand our attention in cases of illness; and under the mode of treatment by similars they have been found of the greatest importance as indicating the remedy. In conformity to this law, no part of the system is neglected that may furnish guides in therapeutics, and hence leads to the treatment of individuals *ill*. The same disease, diagnosed in two or more persons, may require different remedies, because they have individual peculiarities; whereas, in the old system of practice, it is the class of disease prescribed for, and little attention given to personality, the name apparently being of more importance than the individual who bears it.

But the insinuation that our theory of cure is disconnected with diagnosis, cannot be maintained only as to mode. We may prescribe to meet characteristic symptoms, but these symptoms are but the outposts of pathological states; and what is a definition of pathological conditions but diagnosis? Of course physical signs, chemical and microscopic tests, and other aids are to be employed, to establish or differentiate the diagnosis; and the true physician does not omit them when needed, any more than he would neglect auxiliary measures in treatment. Just here may be denied the charge by some opponents of the homœopathic theory of cure, that its followers practice it to the exclusion of other and better means of relief. Mechanical obstructions or irritants in the elementary canal, or other parts of the body, are met with mechanical measures to expel them; likewise, chemical remedies are sometimes indicated, to relieve chemical conditions. Much attention is also paid to sanitary, dietetical, and other means which are for the best good of patients. These various measures do not conflict with the application of drugs in conformity with this therapeutic law; they are its aids; they deal with the chemical, mechanical, etc., while the principle "like cures like" applies to the physiological, and the phenomena connected therewith.

Another error exists in the minds of many medical men which it ought to be unnecessary to notice; namely, that in homœopathic practice one drug may be used for all varieties of a general condition—as, for instance, *Aconite* in fever; when the fact is that *Aconite* is indicated and most useful in only a small proportion of febrile cases; it has its symptoms and pathogenetic fever, and cures it. *Belladonna* has a different set of symptoms, and is a remedy for fever with like symptoms present. The same may be said of *Apis*, and other substances. Diseases are characterized by aggravations, ameliorations, and other changes from various influences. Drugs have the same peculiarities, which, being known, requires careful discrimination in prescribing for the cure of any ailment.

The acquirements, then, necessary to correctly apply this system of therapeutics is not less, but rather more, than in other modes of practice, from which it differs only in this department of materia medica and therapeutics; but, as the law of cure by similars is founded almost entirely on the action of drugs given in health, so a thorough knowledge of chemistry, anatomy and physiology are essential to a right understanding of their remedial value and use. Learn the materia med-

ica and therapeutics of the old school, and you have but the foundation for study of the therapeutics of the new. How many have begun the study of drugs and their application under the latter system, thinking it a light task, but soon realized its extent, and almost despaired of ever being able to conquer it! The scientific and successful use of this principle in the treatment of disease, demands a familiarity with the pathogenetic and symptomatic action of drugs, which can only result from hard and continued study. We know of physicians, of large practice and years of experience, who will spend hours—half the night, if need be—to find the right remedy for some rare illness, or disease with rare manifestations; showing a devotion to truth, as they find it, secondary to no other calling. And they are justified, too, in most cases, by the rewards which attend success.

After and above all, the great and most potent evidence of the truth of *similia similibus curantur*, and the conclusive test of its practical application, is the relief of the sick, restoration of health, saving and prolonging of life which it has accomplished. For such incontestable facts, we have only to refer to medical institutions where its law has been followed; to the statistics of life insurance, showing a smaller loss among homœopaths, compared with other risks, and to the private practice of many physicians, who use it chiefly or exclusively in their treatment. Some have doubted the sincerity of those who use and teach this system of cure; but how few of the many practitioners of old school education can be named, who, having adopted the new-school therapeutics after examination, tests, and a candid belief in its value in curing disease, that ever gave it up, to return to all the uncertainties of the former system, or who ever regretted having changed their mode of practice even to the end of their days? The veteran workers in this field of medicine will tell you, as they have told others, that they like the treatment by minute doses, on the law of similars, more and more as they have advanced in years and experience; and that the results have been satisfactory, not only in the temporary relief from illness, but also in the degree of health established afterwards. Whether the raised standard of health is due to the small amount of drug to be eliminated during or after its curative action—mainly restricted to the diseased part—or otherwise, it is a fact noticed by many observers, that persons or families treated when sick homœopathically are, after a time, much less susceptible to disease and have fewer attacks than formerly.

All the criticisms of this mode of practice have been of its theory, or its literature, and usually, if not always, without therapeutic test or examination of clinical results. Facts have been avoided, and theory attacked and exaggerated. Mathematics have been evoked, to show that one drug, carried in quantity to a very high dilution, would require liquid enough to drown the world. This has been offered as an argument against homœopathy—it is a sample. To multiply a process into the regions of impossibility is not argument, but rather delusion; and the most natural inference must be that such a delusion is founded on ignorance, or implies ignorance in others; for certainly no one ever claimed, or need have supposed, that the entire bulk of dilutions were carried from lowest to higher or highest potencies.

The believers in this law of cure welcome a discussion of its merits or demerits, but they have a right to expect that it will be considered impartially, like other scientific questions, not pre-condemned by fancy and theoretical reasoning alone, without examination of practical results.

If medical gentlemen will yet continue to argue the practice absurd and its literature inconsistent, honesty should dictate that they disclaim any knowledge of the work it has accomplished before they pass judgment on the whole question.

Theory which tries to explain the *modus operandi* of a law, is of little consequence compared with the facts which sustain the law; and the therapeutic facts developed under the law of similars have grown of such importance as, not only to add many to its avowed adherents and thousands to their clientage, but is exerting a powerful influence on the general practice of medicine. Although other departments of medicine have advanced more than the therapeutics of the dominant school in the last century, is it not true that what improvement has taken place in this has been largely by means of a finer subdivision and better preparation of drugs, given in smaller doses, and from a better understanding of their physiological and symptomatic action on the body in health? Not that the law of similars is freely recognized as a guide, or its agency admitted in bringing about the improvement. Text books, however, are not wanting, among old school publications, which show on many of their pages an acquaintance with the truths which homeopathy has brought forth. There are, also, not a few physicians of old school associations who are prescribing remedies in small or minute doses, as indicated by this law. They choose, for good reasons, doubtless best known to themselves, not to impair their professional connections by a too open avowal; but they are nevertheless exerting a quiet influence in favor of tolerance and liberality in medicine. A recent European illustration, and the comments thereon, both in that country and this, affords evidence of progress in a sphere which seldom moves—medical ethics. How long has the statement by a physician that the homeopathic law was only a part of his medical tenets, put him on an equality in the professional mind of a gentleman, strictly of old school discipline? If any concessions were made they were mutual—in the line of duty, and for the good of a third party—which is, at least, supposed to be the object of medical consultations.

These and other signs, point to a day in medical practice when intolerance of thought and belief founded on knowledge and experience shall cease; when, in the profession, shall exist a greater appreciation of facts and less wrangling about theories; more co-operation or union of its knowledge for the relief of suffering, cure and prevention of disease, and the development of State and individual hygiene; to the advancement of comfort and the perfecting of the human race physically, mentally, morally, and hence the higher nature as well, by providing a fit dwelling for the spirit while here. This is the grand work before scientific and practical medicine; other departments of labor may help or hinder its progress—they cannot guide its action. With such an object, can the profession afford not to forget its narrow differences, raise its standard of education, broaden its culture, and thus render it unnecessary for so-called sects to exist within its ranks in order to deny a theory on the one hand, or on the other to maintain a truth, which the experienced followers of *similia similibus curantur* feel and know it to be?

SPONTANEOUS CURE OF PULMONARY PHTHISIS.—Dr. Heitler has examined the lungs of 17,563 cadavers, with reference to this question. Without counting cases of doubtful cicatrices or pleural adhesions, he has found 780 caseous deposits cured in subjects who had died from diseases entirely unconnected with tuberculosis. Of these 780 subjects, 503 were male and 277 were female. As to age, the distribution was equal from 20 to 65 years. One died at a hundred and one, and another at a hundred and three years! All belonged to the laboring class. Spontaneous cure, says the author, is more easy in chronic than in acute cases. We can always hope for it so long as tuberculosis has invaded only the upper lobes of the lungs. When the lower lobes are involved, periods of arrest of the progress of the disease may be hoped for, but cure is no longer possible.—*Med. Jahrbucher*, 1880, Heft III.

MEDICAL LEGISLATION.

By E. N. E., OF BALTIMORE, MD.

"And Brutus is an honorable man."
—Shakespeare.

When I entered the arena of medical literature as a knight of the quill, I entered as a truth-seeker, intent upon probing such subjects as I discussed, to the very bottom, and with the decision to expose fraud and hypocrisy whenever opportunity offered. Of course I did not expect to do this and keep in favor with the transgressors and their friends.

Judging from an article on p. 56, of the May TIMES, written "by a person signing himself" "D. H. Barclay, M.D.," it seems I have told more about certain transgressors—his dear friends—than he feels is good for the world to know.

Previous to the reading of his production, I had always held the opinion that Dr. Barclay was numbered among my friends, and when I read the signature at the bottom of the page I was amazed. But if Dr. B. has harbored such feelings against me as his article indicates, I am glad he has been frank enough to meet me face to face in open fight, as a declared enemy, and not adopted the coward's device of stabbing in the dark.

Had the writer of the article been content with simply uttering his view of the case in question, I might have maintained some respect for his honest expression of opinion; but when he stooped to demean himself by attacking my personality, then I was disgusted, and he whom I had placed in one of friendship's niches tumbled from his pedestal, shattered to fragments.

Dr. Barclay criticises my use of a *nom de plume*; but I do not see why, being an American citizen, I am not at perfect liberty to use one if I so elect. Neither do I think its use indicates any lack of either physical or moral courage. I therefore propose to use this *nom de plume* until I see fit to doff it. Dr. Barclay knows perfectly well whom the letters E. N. E. represent, and he would gain nothing by a public divulgence of my name.

I am sincerely sorry that my paper has elicited such a misrepresentation of facts, and such unfriendly personalities; but since Dr. Barclay has thrown the bait he must prepare to take the fish he catches.

My honor is questioned and my veracity doubted, therefore I make my defense.

For him whose guide is policy, for him who ignores justice, it were better had Dr. Barclay gnawed his fingers to the quick than have touched pen to paper in his attempt to champion such a man.

It is my rule to avoid all personalities, and even in this case I shall avoid them as far as possible; but my readers cannot censure me if my remarks sometimes do appear to touch quite close to Dr. Barclay's individuality; for remember, I am simply defending my honor—that which every true man holds dear—against the unprovoked attack of a man who is not concerned, and who has never before manifested an active interest in the question of medical legislation.

I will begin *in medias res*:—At the special meeting of the State Society, before mentioned, the Legislative Committee submitted a report advising no action in the matter of medical legislation. This report the Society accepted, and then declared its jurisdiction over the matter, ended. E. N. E., after obtaining this admission from the Society, "then," as Dr. Barclay says, "announced his intention of proceeding with the bill by himself, and was told that he was at perfect liberty to exercise his individual right to do so; but that he must not use his official position as Secretary of the State Society to give him influence with the Legislature." And as E. N. E. happens to remember, it was Dr. B.'s chief friend—one of the Legislative Committee, that he is so ferociously defending—who gave this concluding admonition.

Why need the State Society—or more properly Dr. B.'s

friend—have cautioned me not to act dishonorably? Had I ever been found guilty of a mean or dishonest action?

E. N. E., in justice to the State Society, having stated his intention, his actions were then beyond its jurisdiction, and any action on its part in the matter, would therefore have been an interference with individual rights—a piece of meddling interference savoring strongly of persecution. That this interference *did* take place, I have already shown in my last article.

And in the meantime, what had I done? I had seen senator and representative, and canvassed the matter as thoroughly as I could under the circumstances. Even in the counties my friends were using their influence for me, and with one or two exceptions the legislators had expressed themselves favorable to my project; even the sympathies of the then regnant chaplain of the house were enlisted. Furthermore, I had pushed the campaign over into the enemies' country and an allopathic physician with some political influence, was working for me.

In addition, to fully prepare the Legislature for the pending measure, I had mailed to 38 members, copies of the proposed bill. Now had I not reasonable cause to hope for success?

All this was done by one man; what might not the State Society have done had its motto only have been the one of my adoption: *persecrantia omnia vincit*.

Thinking I am ready, with all my forces in hand, I appear by appointment before the Judiciary Committee of the Legislature, and prepare to plead my cause, when its chairman announces the receipt of a letter from the majority of the Legislative Committee of the State Society and my cause is hopeless; he will listen to me but his conclusion is foregone, and my bill dies with my departure from the halls of legislation.

This is the result of my struggle to render justice to the medical profession in the State of Maryland. I am met at the very point where success seems probable, by a cowardly stab in the dark; one struggle and the result of the labor of honest conviction is dead, killed by those who should have been its friends.

What object do you imagine I had in view when I undertook to have a medical law enacted? Was it personal interest? What individual gain would it have been to me? I can think of none; if, therefore, any fellow-member of our Society can answer, I am eager to hear him.

A graduate of one of the best allopathic colleges in our country and of the oldest homoeopathic college in the world, surely needs no medical legislation to protect his individual professional rights!

Were I guided simply by selfish motives I would not care one straw whether a law of any kind were enacted or not. My object in taking so active a part in the question discussed, was simply to rid our State of quacks. Dr. Barclay says: "He did proceed with his bill, and as he was known to be secretary of the Society, had much more weight than he was individually entitled to."

Could I help the fact of my being known as secretary? Did I in any way try to take advantage of my official position? Dr. Barclay insinuates as much. On the contrary, in my remarks before the Judiciary Committee of the Legislature, I insisted upon the fact that I was unsustained by the State Society; and previously in my private audiences with the individual members of the legislature, I called special attention to this fact, and as an individual simply, I asked their aid.

In defending, the action of the two insubordinate members of the Legislative Committee, in their interference with my private affairs, Dr. Barclay says, "Under the circumstances there was but one course to take."

But they certainly did not take it; they should have done nothing.

As any logical mind may plainly see, action on the part of these men was superfluous; they had given the whole affair into the keeping of the Society, and now, "their strength was to sit still." But Dr. Barclay thinks not; he thinks the clandestine meeting and its offspring were worthy of honorable men. This meeting was held

in the fear that the Society as a body, would call the offenders to account for such a dastardly act.

That these men were conscious of the meanness of their action is proved by the fact that the first acknowledgment from them of their iniquity, is made in Dr. Barclay's words: "This was done in a letter to the Chairman of the Committee of the Legislature."

If these men were conscious of having done their duty why did they not, with the dignity becoming honorable men, report their action to the regular meeting of the State Society in November last? Conscious of their integrity of purpose they should have reported this good deed, and received the merited praise from the Society whose interest they have so deeply at heart.

To excuse the action of these men still further, Dr. Barclay says: "The Society had adjourned and could not be readily convened." This is literally true, and upon this point Dr. Barclay and myself agree perfectly, for, as Dr. B. knows, it is necessary, when a special meeting is called, to state the object of the meeting in the call. You see, therefore, it would have been exceedingly difficult to have convened the Society, for *what would the object of a meeting have been?*

The trouble was, the Society must either have condemned an individual over whom it had no power, or have accused me of dragging the influence of my official position into the struggle to assist me. The first would have been farcical, and the second could so easily have been disproved, that the Legislative Committee did not relish the result of bringing such a charge against me.

Knowing these facts, I will state that the Legislative Committee was not particularly desirous of having a meeting of the State Society; in fact, I think I may say, it preferred not having one.

I know of no other action which the Society could have taken, but if Dr. Barclay does, he is at perfect liberty to answer the question: What action could the Society have taken if a meeting had been called?

I cannot make the following statement too emphatically: *I gave my word to the State Society to act only in the capacity of an individual.* That the majority of the Legislative Committee doubted my word is proved by their insulting action; and now Dr. Barclay has the "unmitigated cheek and impudent effrontery" to insinuate in grossly insulting language, a suspicion of my being dishonest. I challenge Dr. Barclay or anyone else to prove this, or any other mean action of which I have been guilty! Have I been insulted or have I insulted these honorable (?) gentlemen whom Dr. Barclay defends?

Dr. B. says I have not only insulted his friends, but also the State Society. If doing my duty on principle is an insult then I have insulted them, or anyone else who is actuated by selfish and dishonest motives.

Dr. Barclay calls the medical bill mentioned a "bad bill." He is the first homoeopath who has made such an assertion; even the majority report of the Legislative Committee contained no such expression as Dr. B. claims. If it is a bad bill, then so is the Illinois State medical law, upon which this bill is based, a bad bill. (No doubt the 1,300 quacks who were driven from the State by it thought so too.)

The virtue of the bill was never questioned by the Society. The true and only reason why the Society refused to support the bill, was fear of defeat; and as the anticipated defeat would have come from the allopathic fraternity, we can only put the two together and say, *Fear of the old school prevented the Homoeopathic State Society from attempting to have this bill enacted.*

I do not taunt the Society with this, but I simply state it as a fact. To prove the assertion true, I will recall to Dr. Barclay's mind the fact that the Legislative Committee of our State Society had in course of preparation for many months, a similar medical bill, and was only awaiting assistance from the old school, to present it to the Legislature. This was asked in an official letter from our State Society to the Allopathic State Society, and refused; then, after considering the matter—

the Society having previously made an alteration in the Legislative Committee—this committee reported, opposing all medical legislation, i. e., the majority of the committee, the chairman, has always favored legislation.

The Society accepted the report and decided that legislation was not necessary. This was rather an unfavorable time for a change of base, and is certainly a little suggestive of weak knees.

I have stated and proved the reason for the Society's inertia; if this be not true then I ask Dr. Barclay or any other member why the Homœopathic State Society refused to assist in the cause of justice, when the State is in such sad need of medical legislation?

Let us inquire about this almost unanimous vote against the bill of which Dr. Barclay speaks. At the meeting in question, but 12 members were present, of whom seven only voted. One favored the bill, 6 opposed it, and five were neutral, of whom Dr. Barclay was one. Certainly the vote was far from unanimous. Of the remaining 19 members who were absent, 10 of whom I approached favored the passage of the bill. Of the five members who were neutral at the meeting, 3 afterwards declared themselves in favor of the bill. Summing up then, 13 favored the bill, 6 opposed it and 3 were neutral. Beside this I approached a number of homœopathic physicians not members of the State Society, all of whom expressed themselves in favor of the bill, and some even gave me letters endorsing it.

These facts hardly prove Dr. Barclay's assertion that it was a "bad bill." Dr. Barclay assumes too much when he attempts to give my reasons for writing the article he has criticised. Can he have the presumption to fathom the motives of justice? Is it possible that he who has fathered such a monstrosity and called it truth, is capable of judging the motive that actuated me in writing a history of the facts he denies? Had he possessed the good sense to remain quiet, and say nothing in reply to the truths he cannot disprove, how many would have remembered the facts I have stated, except those whom I intended should know I possessed the secret of their iniquity? But Dr. Barclay has simply recalled attention to these facts, and given them a prominence they would otherwise never have attained.

Does Dr. Barclay not see that in taunting me with lack of courage for using a *nom de plume*, he gives me the power to disclose the personality of his friends? Fortunately for him I have courage enough to resist this temptation.

Instead of proving himself the champion of his friends, Dr. Barclay has proved himself a most dangerous enemy. In addition to discovering Dr. Barclay's animus I have discovered another entirely new fact; Dr. Barclay can write. I have had no previous means of proving this since the organization of our State Society.

In the future I hope he may turn his talent to better use, and give the Society the benefit of his long pent-up reticence.

THE ETIOLOGY OF DIPHTHERIA.—Dr. Hubert Airy, in a report to the Local Government Board of England, says diphtheria does not seem to be affected by elevation or dampness of site, nor by foulness or overcrowding. He found abundant instances of its contagiousness, as in schools, from visits to the dwelling of a diphtheria patient, and from making purchases at a shop where the shop-woman had diphtheritic sore throat. There was one striking case of the conveyance of the disease to a new locality by a person who had been in contact with a diphtheritic patient, but had not herself contracted the disease. This would show that the poison can attach itself to the person or clothes of an occasional attendant and be thus transported for some distance. Dr. Airy concludes that diphtheria is caused by an organism which can multiply both within and without the human body, its increase in the latter case being promoted by clay soils, by the season, and by moisture. It is also capable of infecting both water and milk.

CLINIQUE.

EXTRACT HAMAMEL. IN EXTERNAL INJURIES.

By F. G. OEHME, M. D., TOMPKINSVILLE, STATEN ISLAND, N. Y.

Some years since, after a smash up in driving, I was practically and accidentally made acquainted with the remarkably quick and beneficial effect of the extr. *Ham.*, commonly called *Pond's Extract*. I confess that previous to this experience I was prejudiced against this preparation, on account of its being recommended as an unfailing remedy for altogether too large a number of diverse diseases. Its praises smacked too much of quackery. But I have used it since with astonishing success, and found that it far outstripped *Arnica* in external injuries, only a few cases of which I will mention.

Soon after the above accident my thumb was caught between an iron gate and its stone post and so severely jammed that the intense pain almost caused faintness. I returned immediately to the house and bathed the thumb in extr. *Ham.*, which removed the pain in a few minutes, and prevented almost entirely swelling and discoloration. The next day scarcely any sign of the injury could be seen or felt. From experience of similar cases without the use of *Hamamelis*, the thumb would have been painful, sore, swollen, and discolored for a number of days.

I have observed that it is very essential for quick success that the drug be used *at once* after the injury. The more time lost before the application, the less the effect.

In shutting a safe the clerk was caught by the thumb of his right hand in the upper corner between the safe and its door. The thumb had received from the many-cornered door several deep impressions, and the skin was broken. The application of *Ham.* was not made until the following day, but even then the finger was cured quicker than similar injuries under the use of *Arnica*.

After a horseback ride I noticed that my mare acted strangely with one hind leg. Upon examination I found a three-inch nail had entered between the frog and heel, penetrating the latter, and reaching out three-quarters of an inch on the upper side of the heel. It was so firmly imbedded that I could not draw it out with a pair of pliers, and only a hard pull with a blacksmith's nippers removed it. I washed the hoof thoroughly with extr. *Ham.*, put on a saturated cloth, and kept it wet the balance of the day, also, during the next, giving her a few doses internally. On the third day I took her out of the stall, and as she did not go lame, drove her in the carriage one mile with care; on the following day she did her work as usual.

It is a great gap between horses and lying-in women, but I must be excused. Since I have used diluted extr. *Ham.* for washing the private parts after confinement, the soreness is much quicker removed than while using *Arnica*, which I formerly ordered.

In turning to Allen's Encyclopedia we find no symptoms which would indicate or warrant the use of this drug more than any other in external injury. Still its astonishing effects in such cases are beyond all dispute, and still the homœopathic fundamental law, *similia similibus*, stands as firmly as ever. This remedy shows us in a very eminent degree the imperfection of our knowledge, and the absolute necessity, at least for the present, of paying the greatest attention to "cured" symptoms. We do not know two greater antipodes than *Hamamelis* and *Natr. mur.*; there is in our whole *Materia Medica* no other remedy which has such a large array of apparently useful symptoms, but, notwithstanding, so little used with success, as *Natr. mur.* Its reputation is much greater than its usefulness. The use of drugs at the sick-bed must therefore clear our knowledge and understanding of the pathogenetic symptoms. Perhaps it may even do more. May we not be justified in drawing

conclusions regarding *pathological* processes from the effects of drugs on the sick?

Two facts are certain: 1. The great usefulness of *Ham.* in external injuries. 2. Its usefulness in venous hemorrhages from all parts and in diseases of the veins.

Now, where is the internal connection between these two facts, as there certainly must be? How are, after an external injury, effusion and exudation prevented or removed? May not the veins be that part of the body which performs this work? May not the drug, if applied at once, increase and stimulate their function, so that effusion and exudation are carried off nearly as rapidly as they take place?

CLINICAL NOTES OF A CASE OF TRAUMATIC TETANUS. RECOVERY.

BY JOHN C. MINOR, M.D., NEW YORK.

Nov. 13, 1879. Date of gunshot wound of left shoulder by which part of the deltoid muscle was torn away or lost by subsequent sloughing. Carbolic acid dressings.

Nov. 24. First symptoms of tetanus. Restless moving of the legs during sleep. Twitches and sudden starts when half asleep.

Nov. 26. Complaints of lameness in the right arm and, at night, of soreness and lameness in the jaws when eating.

Nov. 27. Jaws lame and stiff, but was able to open the mouth wide. Began to have profuse perspiration with chilliness.

Nov. 28. Right side of the jaws stiff, able to open the mouth half way. In the evening great difficulty in swallowing. One grain of alcoholic extract of Calabar bean every two hours. Took 13 grains ext. Calabar bean.

Nov. 29. Jaws stiff on the left side only, can hardly open the mouth wide enough to protrude the tongue. Continued 1 gr. ext. Calabar bean every two hours until it produced nausea with slight relaxation of the jaws, then suspended the remedy until muscular rigidity returned. Took 12 grs. ext. Calabar bean.

Nov. 30. Rigidity on both sides of the jaws, slight clonic spasms in extremities and jaws, tonic rigidity of the neck. Continued ext. Calabar bean, 1 grain every two hours. Took 13 grains ext. Calabar bean.

Dec. 1. Patient was moved from Long Island to this city and at the request of his attending physician, Dr. Hartman, of Riverhead, he was placed under my charge. The patient was a gentleman of 38 years, six feet high and of superb physique. His previous health had been excellent and his habits temperate. This morning I find him with marked *risus sardonius*, face flushed, pulse 100, temperature 99. Says he has no pain but is lame and sore in his neck, shoulders and jaws. In talking he articulates perfectly but keeps his jaws closed. On requesting him to show me his tongue, by a great effort he opens his mouth wide enough to protrude about an inch of white-coated tongue. As he sits up or stands erect it is noticed that he carries his head slightly bent forwards with the chin a little elevated from contraction of the posterior muscles of the neck. On examining the wound in the shoulder I find a large portion of the inferior portion of the left deltoid gone and showing a cavity four inches in diameter, going down to the bone, lined with weak granulations and perfectly dry, all reparative action apparently arrested. Bowels are constipated, urine normal, pupils natural. When asleep there is perfect relaxation of all the muscles; the mouth is open and the head assumes a natural position, but sometimes a sudden start flashes over the whole body and the sudden contraction of the jaws is apt to nip the side of the tongue. The wound is to be dressed twice daily with absorbent cotton wet with a weak solution of carbolic acid and covered with oiled silk. The alcoholic extract of Calabar bean to be continued in larger doses, 2 grains every two hours, until the pupils contract or muscular relaxation occurs. He is to take soups and milk freely. Took 24 grains alc. ext. Calabar bean.

Dec. 2. No change for the better. Rigidity more pronounced. Is unable to protrude more than the tip of the tongue; has great difficulty in swallowing either food or medicine. To have a cathartic, *Mercurius dulcis*, $\frac{j}{2}$, and take ext. Calabar bean 2 grains every hour with an occasional dose of 3 grains if necessary to relax the muscles. Took 53 grains alc. ext. Calabar bean.

Dec. 3. The bowels were freely moved during the night. No marked change. Temperature, respiration and pulse normal, pupils show no contraction. The Calabar bean produces a slight relaxation of the muscles that is evident in about 15 minutes after the dose is taken, but before an hour has passed the rigidity returns. Continue the ext. Calabar bean 2 grains every hour. Took 46 grains.

Dec. 4. Patient very much depressed in spirits; no material change, but less relaxation from the Calabar bean. To omit the Calabar bean and take *Strychnine* $\frac{j}{2}$, every two hours. After the second dose there was sudden tonic spasm of the muscles of the neck, back and arms. He was unable to move the arms from his side, bend his head forward, turn in bed or raise himself. Resumed the Calabar bean 2 grains every fifteen minutes until the muscles began to relax; 8 grains produced this effect so that the lost ground was recovered and he was as well as on the previous day. He was then ordered to take 3 grains of ext. Calabar bean every hour, or the same proportion (72 grains in 24 hours) at longer intervals according to the condition of muscular rigidity. Took 57 grains.

Dec. 5. Condition somewhat improved; has lost the *risus sardonius*. No stiffness except in the jaws; can protrude the tongue an inch. Continue ext. Calabar bean 3 grains every hour, if necessary. Took 71 grains.

Dec. 6. Condition remains the same as yesterday. Trismus unchanged but swallows with more ease and takes freely of nourishment. So far no perceptible effect has been produced by the remedy upon the pupils—they remain natural. Temperature, pulse and respiration normal. Continue Calabar bean ext. 3 grains every hour, as before. Took 74 grains.

Dec. 7. Complaints of feeling worse; depressed in spirits. Says the sudden starts and twitches last night were more severe than usual. At noon the muscles of neck and back became very rigid, but not to such an extent as on the 4th inst., and increased doses of Calabar bean relieved it. At 8 P. M., sudden rigidity with opisthotonos. Two grains every fifteen minutes relieved it in an hour, but produced nausea. Continue the ext. Calabar bean, 4 grains hourly. Took 94 grains.

Dec. 8. Condition remains the same. The Calabar bean appears to relieve the tonic spasm of the muscles of the back, neck and jaw, but not perfectly, and its toxic effect seems to be first indicated by nausea. Four grains hourly is about as much as the patient can tolerate; a lesser amount allows the spasm to increase in violence; a greater amount is dangerous. Diarrhoea comes with the nausea and is accompanied with gripping pains in the bowels. This also seems to be due to the toxic effect of the drug, and yet there is no contraction of the pupils. When he is nauseated or when diarrhoea occurs, all rigidity of the muscles disappears, and he can open the mouth wide. Three grains ext. Calabar bean, with sherry wine $\frac{3}{4}$ j, every hour. Pulse 110; slight perspiration; respiration natural; wound dry.

7 P. M. Profuse diarrhoea, nausea, prostration to an alarming degree; pulse, 130, feeble and irregular, cold sweat all over the body, extremities cold but not blue. Complaints of internal heat and severe pain in the lower abdominal region. Stopped the Calabar bean and gave a hypodermic injection of *Atropine*, gr. $\frac{1}{2}$, *Hyoscyamin*, gr. $\frac{1}{2}$, and *Morphine*, gr. $\frac{1}{4}$. In less than ten minutes the pain in the bowels ceased. In half an hour he became blind, the pupils were contracted; he was unable to distinguish light from darkness, but this total loss of vision did not seem to depend upon the contraction of the pupils which was not to such a degree as to prevent the entrance

of light or to materially affect the circle of vision. Simultaneously with the loss of vision he lost all power of deglutition and his mind began to wander. (The slight delirium I attributed to the effects of the *Hyoscyamin*.) The sweat was profuse and cold. I then gave 10 grains of *Chloral* by hypodermic injection. Shortly afterwards the breathing became irregular, a long inspiration followed by two or three short, jerky, expiratory movements. The muscles were becoming rigid again, jaws set, head thrown back, arms close to the body and flexed. In an hour and a half I gave another hypodermic of *Chloral* 12 grains, after which the breathing became regular and there was slight relaxation of the jaws but no sleep. Three hours afterwards the cold sweat had disappeared, temperature, pulse and respiration had improved; vision had returned and also the ability to swallow. There was still diarrhoea (a thin brownish stool with severe abdominal pain) and I gave him 6 minims of Magendie's solution with 10 grains of *Chloral*, and left him with orders to repeat the *Chloral* every hour if necessary, until he slept or the muscles were relaxed. Took 51 grains ext. Calabar bean, 32 grains *Chloral*, $\frac{1}{10}$ gr. *Atropine sulph.*, $\frac{1}{10}$ gr. *Hyoscyamin*, $\frac{1}{2}$ gr. *Morphine*.

Dec. 9. Condition improved; pupils still contracted, pulse 110, respiration normal, slight perspiration. Neck still rigid, any sudden movement is apt to bring on a sudden contraction of the muscles of the back. From this time on there was noticed a more decided susceptibility to the action of the Calabar bean. The spasms were controlled by smaller doses and the toxic manifestations were also developed more readily. Hence it became necessary to depend on some other drug for the main treatment, using the Calabar bean as an adjunct when necessary. *Chloral* seemed to me to be the most reliable substitute, and it was given in doses of 20 grains according to the condition of the patient. The same rules for its administration were carried out as in the case of the Calabar bean; the clock was never consulted, but when the muscles began to stiffen, the medicine was given and repeated in twenty minutes or half an hour if necessary until relaxation occurred, and no more was given until the symptoms recurred. It is unnecessary to pursue the further clinical details, but some of the succeeding phenomena were of sufficient interest to put on record.

The spasms gradually lessened in force and frequency, but from the 12th to the 18th there seemed to be a complete stand-still so far as improvement was concerned. There was considerable pain in the dorsal and cervical muscles, neuralgic in character, and there was a periodical aggravation of pain and stiffness in the afternoon and evening. On the 18th I applied galvanism to the spine and shoulder with complete relief of all the symptoms. This treatment was repeated on the 20th, 21st and 23d, and from this time all traces of tetanus disappeared. On the 25th there were some symptoms of muscular rheumatism, affecting the dorsal and lumbar muscles particularly, which salicylate of soda promptly relieved. For a few nights from the 26th to the 30th, the *Chloral* having been stopped, he was given *Bromide of Potash*, sufficient to procure a good night's rest. On the 31st all treatment was suspended, and on the 1st of January he was discharged cured.

The wound, meantime, had partially healed and was doing well when treatment was suspended. Several months afterward when the wound was perfectly healed there came an eczematous eruption covering the left side of the body and left arm, most intense in the neighborhood of the wound, and in the parts deriving their nerve supply from the superior dorsal region. After a long course of *Arsenic*, it finally disappeared.

* I find by the clinical notes for these two days, viz.: the 7th and 8th of Dec., that from 10.30 A. M., Dec. 7th, to 10.15 A. M., Dec. 8th, 104 grains of the Alcoholic Extract of Calabar bean were given. So far as I know, this is the largest amount of the drug that has ever been administered within twenty-four hours.

CLINICAL MEMORANDA OF DOSES IN A CASE OF TRAUMATIC TETANUS.

DATES.	CALABAR BEAN ALCOHOLIC EXT.	CHLORAL.	BROMIDE OF POTASH.	SALICYLATE OF SODA.	GALVANISM.	MORPHINE, ETC.
Nov. 28.	12 grs.					
" 29.	12 "					
" 30.	12 "					
Dec. 1.	24 "					
" 2.	52 "					
" 3.	48 "					
" 4.	57 "	(Strych. gr. 1-15)				
" 5.	71 "					
" 6.	74 "					
" 7.	94 "					
" 8.	51 "	32 grs.				
" 9.	18 "	112 "				Mor. Sul. $\frac{1}{4}$ gr
" 10.	14 "	112 "				At. Sul. 1-40 "
" 11.	10 "	95 "				Hyos. 1-50 "
" 12.	10 "	70 "				Mor. $\frac{1}{4}$ "
" 13.	11 "	60 "				
" 14.	12 "	70 "				
" 15.	11 "	70 "				
" 16.	14 "	70 "				
" 17.	13 "	55 "				
" 18.	14 "	60 "			Galv.	
" 19.	10 "	60 "			"	
" 20.	8 "	50 "			"	
" 21.	8 "	50 "			"	
" 22.	4 "	22 "			Galv.	
" 23.	2 "	24 "				
" 24.	2 "	22 "				
" 25.	8 "			30 grs.		
" 26.	2 "		30 grs.	30 "		
" 27.	2 "		45 "	30 "		
" 28.	1 "		20 "	30 "		
" 29.			15 "	30 "		
" 30.			40 "	30 "		

Jan. 1. Stopped all treatment.
Sent the patient home, cured.

EXTRACTS FROM SOME OF THE PAPERS PRESENTED AT THE SIXTEENTH ANNUAL SESSION OF THE HOMOEOPATHIC MEDICAL SOCIETY OF PENN., SEPT., 1890.

TYPHOID FEVER.—A man, sixty years of age, had in the third week the following symptoms: Tremulous, stupid, delirious, muttering; the skin was continuously hot and dry, the urine greatly diminished in quantity, passing about four or five ounces in twenty-four hours, and of a peculiar deep color and bluish tint; his abdomen was greatly tympanitic, resonant, and covered with the characteristic eruption. He had a great deal of coughing, clearing the throat and raising of tough, stringy mucus; the teeth were covered with sordes, tongue brown and dry as sand-paper, and there was much stiffness and soreness of the muscles and joints. *Thuja* was given and continued until recovery, which was prompt and permanent.

In a case of this disease where *Bry.* and *Lycopod.* had removed the general symptoms of the disease, including a severe lung complication, a condition of perfect quiet ensued. The patient would not even answer "yes" or "no." After this had continued for several days, the quiet gave way to a loquacious mood. The patient talked day and night, if not to those in the room, to imaginary persons. The following "key-notes" led to the choice of the remedy: *First*, in talking to me one day, she jumped from subject to subject, talking about everything educational under the sun, at times, for variety's sake, expressing her admiration for some imaginary jewelry I was supposed to be wearing, or making other remarks on my personal appearance, or demanding of me that I should bring her some pies or puddings; and, *second*, a desire to lie in bed with the clothing away from her neck, not for a moment allowing her night dress to be buttoned about the throat. *Lachesis* was given with entire subsidence of the symptoms in twenty-four hours. (C. Mohr.) In another case, that of a young lady who had been

sick for some years, and suffered much from many physicians until she was now unable to walk, and had to be carried or wheeled on an invalid chair; the following symptoms were present: Great tenderness along the spine; the right hypochondriac region swollen; exceedingly tremulous; tongue brown; dreaming and wandering every night. *Thuja*²⁰⁰ was given. She began to improve at once, and in a few weeks could walk, and was finally cured. (T. C. Williams.)

CHOREA.—A young girl, fifteen years of age, had been suffering from involuntary and irregular movements of the muscles for three or four months before I saw her. Her whole trunk, her facial muscles, and all her limbs kept a continuous dancing movement, so that she was unable to eat, walk or lie. She had received all forms of treatment and had been given up by her physicians. *Zinc Sulph.* was given, and she is now, after a lapse of six months, well, and able to attend to her business in a carpet factory, where she is compelled to control her movements, and is normal as to her periodical changes. (T. C. Williams.)

CHOREA.—A. C., aged six years. This child can with difficulty retain its seat; the arms are tossed from side to side, and the lower extremities cannot be controlled in the least; walking is impossible. The head is turned violently from side to side; the eyes are rotated, and the eyelids are almost constantly in motion. Hideous grimaces of the face are frequent; the contortions of the trunk are violent. The appetite seems to be fair, but every effort to take food causes involuntary movements of the tongue, causing her to drop fully two-thirds of the food placed in the mouth. The choreic movements are not so violent at night, but the child cannot sleep more than a few minutes at a time. The intellect is apparently not affected, but the child cannot articulate with sufficient distinctness to be understood. The respiratory movements were irregular. The condition of the pulse was not ascertained. *Tarantula*⁴ produced improvement within forty-eight hours, and a cure within two weeks. (H. H. Hoffmann.)

ECZEMA PUSTULOSUM.—W. W., *et.* two years; pustular eczema of face and head, also several patches about hands, itching severely, and on scratching it, complains to his mother that it "hurts"; emaciation; general pruritus, which is capricious; appetite poor; strumous family. *Sulphur*.

George S., *et.* five months; scalp and face literally covered with pustular eczema; the itching was intense; profuse perspiration about the body at night; restless sleep; all of the family have suffered from some scrofulous trouble. *Sulphur*.

Mrs. E. R., *et.* 65 years. Had for thirty years a skin disease, which, from her description must have been pustular eczema, a disease with which she is now afflicted. The largest patch was upon the right leg; there were patches also beneath both breasts, about the arms, on the scalp and back of the ears. Intense itching in the patches, which left a burning upon scratching; loss of appetite; slight rash upon shoulders and back; general pruritus, aggravated by the heat of the bed; very annoying burning of the soles and palms; emaciation. She had for these thirty years, scrofulous ophthalmia, with heat and itching of the lids. *Sulphur*.

The remedy was repeated at occasional intervals in all these cases, and in all removed or decidedly improved the condition present. The improvement had continued for months. Time alone would prove the permanency of the relief. No outward applications were used. (W. J. Guernsey.)

CONSTIPATION.—This patient had but lately been confined, and her general health was excellent. She writes: The stools are as hard as stones, and as large as my arm. I feel as if they would split me open. They come in sections, like mouthfuls, and I become very much exhausted and tremble with weakness. Every stool is immediately preceded by chills, and followed by long

stitches up the rectum. *Meacrem.* Vertigo; suicidal tendency. Vertigo worse when lying down and when closing her eyes; sensation as if walking on feather cushions; strong suicidal tendency. She did not hesitate to tell how difficult it was for her to forbear killing herself. *Aurum*.

CASE II. A maiden lady, a school teacher, age about forty years, complained of a dizzy sensation from the nape of the neck into the head. *Silicea*.

CASE III. A young lady had great lassitude and vertigo from effects of exposure to the sun's rays. *Natrum Carb.*

MENORRHAGIA.—A married lady, had menses too profuse, dark, stringy and offensive, with trembling in her bowels, and soreness. *Crocus sat*²².

A young lady complained as follows: I have a pain in my stomach, which goes up into my breast. I suffer when passing water, and have a burning in my privates. It hurts me to sit down. *Platina*.

A young man, about twenty years of age, with light hair and blue eyes, somewhat emaciated, and highly scrofulous, complained of dryness of the throat aggravated between 2 and 3 A. M.; awakes with a dry cough at 2 A. M.; coughs about an hour; has but little expectoration, and what he has is yellow; cough causes gagging. He has hard, caked swellings of the left submaxillary glands. Pulse 86 per minute and weak. *Kali Carb.* (H. Noah Martin.)

APIS MEL. IN VENEREAL DISEASES.

CASE I. The glans penis was thickly studded with venereal warts, accompanied by a severe form of balanitis and a profuse watery discharge, which was so copious as to saturate the dressings which were changed every few hours. This condition was said by the patient to have followed an attack of gonorrhoea developed six months previously. After the failure of the usual remedies to improve the condition, *Apis* was given. In a week the balanitis and attendant secretion, had nearly disappeared, and in a month the warty excrescences were likewise removed, and the glans penis resumed a healthy appearance.

CASE II. This patient had been suffering for three months with numerous small chancreoid ulcers of the glans, with the appearance usually characteristic of *Nitric Acid*.

CASE III. This was a case of a large chancre near the meatus urinarius, together with inflammation of the inguinal glands. Both of these cases received *Apis* and were promptly cured. The characteristic symptoms that indicated the remedy, was a burning, tingling sensation. (J. K. Lee.)

A number of other very interesting papers were also presented at this meeting, but their length and subject matter prevent the making of any abstracts.

ACUTE POISONING BY ANILINE.—M. Merklen (*La Med. Contemp.*) reports as follows: The toxic action of *Aniline* is well known by its effects, through absorption, on the workmen engaged in its manufacture; but acute poisoning is rare. R. R., *et.* 25 years, Italian, working in a manufactory of chemical products at Clichy, swallowed on July 11th at 8 A. M., 100-120 grammes of a mixture of *Aniline* and toluidine, mistaking the liquid for coffee. The man went to work as usual without telling anyone of the accident, and it was not till 9.45 A. M., that his fellow-workmen noticed that he was dull, immobile, and in a state of stupor; interrogated he admitted the error and complained of slight headache. An emetic was given and its action accelerated by the introduction of a finger into the pharynx, and the administration of large quantities of warm water. Free vomiting occurred, composed partly of food, water, and a yellowish coloring matter, probably unabsorbed *Aniline*. Relieved by this emesis the patient laid down. Twenty

minutes later, grave nervous phenomena appeared. The patient lost consciousness, sank into a coma with general relaxation of the whole system, the head pendant and hanging backwards, the lips of a black and the face of a violet color. Contraction of the muscles of the face, followed with a *risus sardonius* and trismus, so that only with a great effort a few drops of milk could be introduced into the mouth. There were no convulsions, nor contractions of the limbs; pulse very feeble; coldness. At 10.30 A.M. a few drops of alcohol were put into the mouth, and this was followed by some reaction. At this moment an increased quantity of alcohol and alcoholized tea was given. In order to combat the cold, he was heavily covered with clothes, and vessels of warm water placed around him; the whole body was rubbed with camphorated alcohol. The patient regained consciousness and the evening returned. At 12.30 P.M., two injections of oil were given. At 2 P.M. there was again loss of consciousness; the pulse was weak, and the cyanosis still persisted although in a less degree than before. At 3 P.M. clonic spasms of the limbs, and complete loss of consciousness; the contractions of the face and jaw had disappeared. The patient was now admitted to the hospital. On his arrival the interne noticed that he was in the deepest coma; the pupils were dilated, with only slight reaction. Two hundred grammes of a deep-brown colored urine were withdrawn by the catheter. Death was considered imminent. The coma lasted during the night, interrupted by frequent convulsive attacks in the limbs. The face was of a violet color during all this period. In the morning the patient was conscious and complained only of a violent headache. The face, and especially the lips, were still slightly cyanosed. The sensibility was normal, except along the palate, where tickling did not provoke any reflex action. No paralysis. There was free urination; the urine was still very dark, albuminous, and with an alkaline reaction, while that of the evening had been acid and non-albuminous. No pain in the abdomen; no stool since the attack. There was a strong alkaline odor about the bed, and seemed to come from the patient's clothing. Treatment: milk, purgative, bath.

On the following days the headache disappeared. The urine was still colored, and but slightly albuminous. The patient left the hospital in a few days, without any appreciable remaining phenomena, except the anesthesia of the arch of the palate.

The blood examined the day after the poisoning did not present anything abnormal so far as the configuration of the red globules were concerned; enumeration 4,300,000. The temperature on the same day was 99°6. The urine of the first evening contained *Aniline* still unchanged; there was no trace of it in the morning, and its alkalinity was due to the carbonate of ammonia.

Remarks.—We do not believe that the amount of liquid swallowed was over 100 grs., notwithstanding the assertion of the patient, since we know that 15-20 drops of this substance, when given to a rabbit are often sufficient to produce fatal effects; it is probable that the patient rejected immediately a part of the liquid, warned of his mistake by the slight caustic taste of the poison.

The first effects of the poison were not manifested until two hours after the introduction of the poison, and then progressed even to coma and convulsions; thus agreeing with the experiments on animals. Recent experiments prove that *Aniline* produces convulsive attacks and asphyxia, acting primarily upon the hemoglobin of the blood by diminishing the absorbing power. We understand from this why the effects of the poison do not appear more rapid.

As special conditions we recall the albuminuria, which agrees with the hypothesis of blood alteration, and also the anesthesia of the arch of the palate, which still persisted when the patient left the hospital. An absolute cutaneous hyperesthesia, in patients poisoned by the vapors of *Aniline*, has been observed by Grandhomme. In our patient the anesthesia was localized at the isthmus faucii, but was persistent.—*L'Art Medical*. (T. M. S.)

CLINICAL URINOLOGY.—M. Robin (*Le Prog. Med.*) had under his charge two patients suffering from different affections, the diagnosis of which could only be determined by an examination of the urine. The first patient, age 15 years, presented the symptoms of typhoid fever; the second, of the same age, presented almost the same clinical phenomena, except that there was some cutaneous hyperesthesia and a slow pulse. Tubercular meningitis was suspected in the latter. Examination of the urine gave the following results: In the first case, the urine had a sp. gr. 1.018, with a slight increase of urea and uric acid. *Nitric ac.*, added drop by drop, produced several superimposed zones; one of uric acid, one transparent, one of albumen, and below a blue coloration due to the presence of indican. The urine of the second patient was red, transparent and almost refractive, of a density of 1.032, with a large quantity of urea; neither albumen nor indican could be recognized, but the existence of urohematine was proven. The diagnosis of typhoid and meningitis was verified by the autopsy. M. R. had always found this special coloration in the cases of tubercular meningitis. On the contrary, we find in typhoid fever, indican and albumen, but very rarely urohematine. This latter substance, however, may sometimes show itself at the beginning of a continued fever, under certain circumstances: the existence of pulmonary complications, hemorrhages, facial erysipelas, or when an inflammatory disease suddenly attacks a very robust person. A valuable clinical sign is furnished by the presence of indican; if it is wanting we are not able to deny the presence of typhoid, but, when present, we can affirm that the disease is of a typhoid form.

A specimen of blue urine taken from a patient attacked with interstitial nephritis, was also presented. It was a greenish liquid, depositing after standing, numerous crystals of the same color. This coloration may show itself then in other cases besides typhoid fever; it arises from the intra-vesical decomposition of indican. (T. M. S.)

TUBERCULAR AND SYPHILITIC LARYNGITIS. (Hom. Rundsc. from the *Riv. Clin. di Bologna*).—These diseases, both on account of their frequency and severity, occupy the first place in the list of throat diseases; easily distinguished from other diseases of this organ, the differential diagnosis between the two is at times most difficult to establish. The following seem to be the chief differential markings:

SYPHILITIC LARYNGITIS.

Voice. Normal or hoarse in the second stage; always hoarse, seldom extinguished in the third.

Cough. Wanting in the secondary, seldom present in tertiary, syphilis.

Expectoration. Wanting in secondary, but purulent and streaked with blood in tertiary.

Pain. Worse at night.

Glandular Swellings. Very rarely wanting in the cervical and submaxillary glands.

Mucous Membrane of Larynx. The syphilitic erythema having its favorite seat on the anterior portion or the free edges of the vocal cords, is dark red.

Disease Products. The gummata located upon the epiglottis, and in the neighborhood of the glottis in the larynx and trachea, are large, yellow and prominent.

Ulceration. Indurated, slightly indented edges, increasing from above downwards and from the periphery to the centre.

Treatment. Brings a slight cessation.

TUBERCULAR LARYNGITIS.

Hoarse from the beginning, sometimes aphonic. Aphonia is always present in the stage of ulceration.

Very frequent in the period of ulceration.

Slimy in the beginning, slimy-purulent in the ulcerative period.

Not marked.

Always wanting.

Generally attacks the arytenoid cartilages, while the color of the membrane is of a rosy red.

The tubercles prefer the arytenoid cartilages under the glottis, and are small, grey and translucent, giving an appearance as though the membrane was sprinkled with sand.

Oval or almost round, with indented white edges, extensively covered with small round granulations, giving the appearance as though the membrane was torn, extending from below upwards and frequently from centre to periphery.

Unsuccessful.

(T. M. S.)

THE DUMB TAUGHT TO SPEAK.

BY LILLIE E. WARREN, NEW YORK.

Having been engaged as teacher of articulation and general assistant in the Seguin Physiological School during the past winter and spring, I have been brought into contact with several peculiar and interesting cases, one of which I first met with Jan. 20th. She is twenty years old, of medium height and broad shouldered; her parents said she had been mute and afflicted with chorea all her life. The former difficulty was supposed by physicians to be caused by a paralysis of the tongue, and they had frequently said she would never be able to speak. Her face and limbs were in constant action, the left side being particularly affected. The few words she knew, she spelt with her hands in the double-handed alphabet; this was a very tedious operation; first she brought her right hand into the required position, then slowly and awkwardly raised the left. When not in action her hands and wrists were drawn up under her arms and the elbows raised. The fore-fingers, particularly that on the left hand, were curled up and never used; in consequence they were short in proportion with the others. She had never attempted to walk up or down stairs until during the past six years, and when she first entered the school it took her five full minutes to go up a ladder of eight rounds; at the present time she can ascend in one minute.

Mrs. Seguin first gave her gymnastic exercises, which consist in pulling rubbers suspended from hooks, in climbing a ladder and a backboard, in swinging on a low trapeze, exercising with dumb-bells, etc. When first attempting the last named, it was with the greatest difficulty that she could use both hands at the same time; after awhile she could raise both above her head and bring them down with a jerk; now she can lower them with a slow, steady movement.

Her tongue laid dormant in her mouth; she never chewed her food, but bit off pieces with her left eye tooth and swallowed them immediately upon putting them in her mouth. Her hearing has always been very acute, but she had never been able to imitate sounds; when excited she would make a harsh, irregular noise, located in the throat, and resembling an animal's voice.

On Jan. 25th, while examining her tongue and experimenting to ascertain what ability, if any, she had for articulating, I detected a very slight movement of the back of the tongue. Realizing that her voice would be injured by her attempts to speak from the throat, my first object was to secure a chest tone. Allowing the pupil to sit upright, and telling her to open her mouth as wide as possible, I patted her on the back just above the waist; at first the sounds emitted were more or less from the throat, but by the end of January she gave a good, strong and steady sound from the chest. Two days in succession I took hold of the tip of her tongue and gently pulled it forward as far as the lower teeth; the pupil herself then tried it, and on February 3d succeeded in bringing the tip beyond the teeth.

I will now quote from my note-book.

Feb. 4. Learned the sounds of *a*, *o*, and *f*.

Feb. 8. The pupil could push out the tongue without the aid of finger and thumb.

Feb. 9. She learned the sounds of *m*, *u*, and *wh*.

Up to March 1, she continued to improve in ease of movement of the tongue.

March 8. By exhaling her breath through her mouth her tongue by degrees felt the sensation of breath passing over it. Placing the tip of the tongue in the groove of the manipulator, I pushed it gently backward for a few seconds some twelve or fifteen times daily up to March 14. This raised the middle of the tongue for the first time. On the second day I asked her to almost close the teeth on the manipulator, and make the sound of *e*, giving the sound myself several times. As might be expected, the manipulator in the mouth and my fingers outside of the lips clouded the sound; but

my main object was to see if she would let the sound over her tongue while raised. I removed the manipulator and she gave the sound of *e* very distinctly; this showed she had raised the middle of the tongue of her own accord. Until March 16, she did not exercise the tongue more than fifteen minutes daily; now she can practice more than an hour.

March 17. Pupil can give all the vowel sounds.

March 18. First attempt at combining sounds. Gave the four sounds of *a* before and after the consonants *b* and *m*; *ab* and *c*, *am* and *e*, *ma* and *e*, *ba* and *e*.

Learned the words *bay* and *bear*. Since the use of the manipulator the tongue has become so active that she cannot flatten it at will, and so cannot sound *f* as before.

March 22. Practice on *h*. Can say *who* easily.

March 25. For the first time she can give the sound of *e* promptly without previous use of the manipulator. She learned a word of two syllables: *amber*.

March 29. First sentence: "*I am home*."

April 1. Struck the *g* sound very well; said *muggy* and *Maggie*. April 13. Learned the word *warm*.

April 26. Can prolong the sound of *o* as heard in *who* for twenty seconds.

During the first weeks the use of the tongue and lips was slow and awkward; but from this date she daily improved in that respect. She has greater command over the whole face than previously; at times it has been noticed that for three minutes or more there will not be the slightest movement of her face.

April 28. Holding the upper lip perfectly quiet, she gave the sound of *p* five times in succession with ease and precision. April 29. Said the word, *book*.

At the time of writing, May 11, the pupil can speak thirty-six words distinctly and quietly, and is learning some eight or ten more. During the past two weeks my time has been given to exercises that will improve the voice and strengthen her command of the muscles of her face. Placing the lips in position for the sound of *o* as heard in *who*, she can give that sound twenty-six times in succession without the slightest twitching of the face. She can give all the vowel sounds; and five out of the seven consonants formed by the lips; she can use the tip of the tongue sufficiently to give the sounds of *l*, *n* and *r*; the middle of the tongue is still somewhat weak in its action; the only sound made by the back of the tongue that she has not learned is the nasal *ng*. Her tongue has become shapely, and has acquired new strength and power.

I do not feel that I can close this article without speaking of the progress made by this pupil in her other exercises conducted by Mrs. Seguin. Her gait has improved, though still peculiar; her arms are held down very much better; her elbows, wrists and hands have been rendered supple; she can shake hands well for the first time in her life. When she first began to draw on the blackboard, her "straight" lines were zigzags; after awhile an improvement was shown, but she could not stop a line at any given point, but it would shoot off into a mere thread clear beyond the mark. Now she can hold her hand steadily, and stop where required, and hold the pencil at the final point. She can draw horizontals, verticals, obliques, curves and various other lines and combinations of lines, and knows the name of each kind; she can find the centre of curves, verticals, etc. Her sense of touch has been cultivated by feeling various fabrics and objects when her eyes were closed; and she is now able to designate by signs what each thing is. She has learned to use her fore-fingers, and to pick up things easily and carefully. This is particularly noticeable in her money exercise; she has learned to count by means of money of which she knew nothing before. Now she builds dollars with halves, quarters and dimes; she can build up five cents in seven different ways, picking up and handling the pieces with daily increasing ease. In place of the double manual alphabet she has been learning the single, but has not quite mastered it at the time of writing.

A CASE OF COMPOUND COMMINUTED FRACTURE OF THE SKULL.

By T. J. PUTNAM, M.D., PITTSBURGH, PA.

A case presenting some remarkable features occurred in my practice recently, an account of which may not be uninteresting to the profession.

John S—, *et.* 31 years, was struck on the head by a brick, which fell from the top of a three story building, and sustained a compound comminuted fracture of the skull at the junction of the frontal and temporal bones of the right side; the fracture implicated both bones. The force of the blow knocked the patient down, but he did not lose consciousness, and with some assistance walked to his home, about a square distant.

Thirteen pieces of bone were removed, leaving an exposed meningeal surface of $2\frac{1}{4}$ to $1\frac{1}{4}$ inches in extent. The wound was closed and dressed in the usual way. For four days after the receipt of the injury, the patient remained perfectly conscious, sleeping naturally at intervals, and was only troubled with nausea, which, however, was quite persistent. On the evening of the fourth day, symptoms of pressure appeared and the patient gradually sank until the evening of the seventh day, when death ensued.

The pupils had maintained a normal appearance throughout, and there was no evidence of suppurative inflammation.

A post-mortem was held twenty-four hours after death. The scalp was dissected up so as to fully expose the bones involved in the fracture, and we found that considerable extravasation of blood had taken place in the region of the injury. No pus was discovered and no external evidence of pressure. The top of the head was now removed and the brain fully exposed. The dura-mater was considerably lacerated, the pia-mater being nearly, if not quite, intact. A large blood-clot was found in supra-orbital cavity, *external* to the dura-mater, and the evidence of general meningitis was marked. There was very extensive effusion of serum into the ventricles.

The remarkable feature of the case was the complicated nature of the fracture, which was found to be much more extensive than we at first supposed. A curved fracture extended from the upper margin of the original wound backwards to the coronal suture, and was about three inches in length, involving *only* the outer table, the fracture of the inner table being compensatory and admitting of slight depression at this point. There was a complete fracture of both tables, to the extent of about one inch square, situated at the left anterior angle of the cavity, implicating only the frontal bone. The fragment was *in situ* and caused no pressure. Another complete and extensive fracture was found to extend from the right anterior angle of the cavity to the junction of the frontal and malar bones and from a point one inch to the left of the right anterior angle to the junction of the frontal and nasal bones. The fracture was completed by a transverse fracture across the orbital plate, extending across the great wing of the sphenoid and the cribriform plate of the ethmoid, the latter part being literally *crushed*. Here was a most remarkable combination of fracture and lacerations, and it becomes still more remarkable when we remember that the patient remained perfectly conscious for over ninety-six hours after the injury was received.

The only explanation that suggests itself as accounting for the extraordinary absence of symptoms indicating serious injury to the brain is, that the direct force of the blow was sustained by the vertical part of the frontal bone; and probably a bending of the head forward at the instant the blow was received, thus *cushioning* the blow, in the same way that base-ball players relieve the hands from the shock of a *hot ball* by withdrawing them at the moment of contact, for if the blow had been received *direct*, it must have proved instantly fatal.

TRAUMATIC RUPTURE OF THE INTESTINE WITHOUT SOLUTION OF CONTINUITY OF THE ABDOMINAL WALLS.

—(*Le Prog. Med.*) L. F., 32 years of age, mason, fell from a scaffold, striking upon his back, while the planks which followed him compressed the anterior abdominal wall. The patient complained of an acute pain at the centre of the epigastrium. The face was pale, extremities cold. There was no external evidence of a wound and only a slight ecchymosis at the centre of the right lumbar region. On the next day (May 17th), there were signs of a subacute peritonitis: Pain, swelling, yellowish vomitings, very severe vesical tenesmus, intense fever and hippocratic face. On the 18th towards evening there were two prominent symptoms present. Every time that any drink was taken the pain became paroxysmal;—a marked period of aggravation which lasted for some minutes; no urine had been passed and the catheter only drew off a few drops. The patient died on the evening of the 19th. *Autopsy.* On opening the abdominal cavity, a considerable quantity of fetid gas escaped. The intestine was buried in the midst of a purulent liquid and fecal matter which was spread out in the peritoneal cavity! At several points the intestine was surrounded with long membranous tubes. The intestinal wall was ecchymosed at the point of the jejunum, in the vicinity of the perforation, which was easily detected when the intestine was unrolled. It was located at the origin of the jejunum, upon the convex surface. It was of an oval shape and of the size of a 50 centime piece. No traces of former pathological alterations could be found along the whole tract of the intestine.

The location of the perforation explained the marked aggravations following the taking of any liquid substances. Again, the rupture was upon the convexity of the intestine, while in a similar case presented a short time ago to the Society the perforation was seated along the mesenteric border. (T. M. S.)

PATHOGENESIS OF DIPHTHERITIC ALBUMINURIA AND INFECTIOUS DIPHTHERITIC NEPHRITIS.—M. Bouchard attributed the albuminuria of typhoid fever to the passage of bacteria through the renal membranes. M. Gaucher, (*Le Prog. Med.*) in studying diphtheritic nephritis concludes that it is also due to the presence of parasites. He found, in a case of malignant diphtheria, the same micrococci in the blood and urine during life, and after death in the epithelium of the kidney. These observations were made upon a youth of 15 years of age who had never had any instrument passed into the bladder, and hence it could not be affirmed that the germs had been introduced from outside. In the epithelial cells of the kidneys, examined in a fresh state, and in the sections of the kidney treated by osmic acid, brilliant granulations, similar in aspect and form to the movable micrococci found in the blood and urine, could be seen infiltrated into the epithelial cells, in the midst of a greyish-yellow grainy matter.—(T. M. S.)

RESORCINE.—This substance is a benzine without odor, white, crystallizable, soluble in 90%, and partakes of the antiferment properties of the phenols and phenic acid. Its sweet taste and slight odor permit its employment in buccal ulcerations, diphtheria and catarrh of the stomach (in proportions of $\frac{1}{10}$). Nevertheless it does not seem to possess any advantages over the phenic acid and is, like the latter, caustic and toxic in a concentrated solution. In fevers, especially in acute articular rheumatism, it has no superiority over salicylate of soda. The only advantage seems to be then its slight odor and taste.—(*Le Prog. Med.*)

FISSURE OF THE ANUS is responsible for a multitude of reflex phenomena, which should prompt a careful examination of these parts, in many cases of uterine derangement which often exist in complication. Forcible dilatation has proven the most expeditious and reliable means of relief.

New York Medical Times.

A MONTHLY JOURNAL

OF

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EDITORS:

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

AMERICAN INSTITUTE MEETING.

The thirty-fourth session of the Institute will be held at Brighton Beach, commencing June 14th prox., and continue four days. The "Order of Business" embraces a great variety, commencing with the annual address of the President; and the sessions will hold from 10 A.M., to 1:30 P.M. The afternoon and evening will be devoted to sectional meetings of the various bureaux. Judging from the announcement, the meeting promises to be one of the best the organization has ever attempted.

In glancing over the programme, one is struck by the fact that some names appear in several different bureaux! There should be some plan adopted, by which this repetition, so unjust in its application, should be avoided in future. One bureau is all that anyone should be allowed to officially work in. We cannot believe that the Institute has not sufficient membership to fill its bureau organizations, without compelling any to divide forces, at the risk of their best efforts.

The Institute ought to maintain a stately and dignified position, if it will continue the national representative of the "school" which has now grown to such proportions. In order to sustain this, its members must see that the most wise counsels prevail; that eccentricity, and questionable propositions receive their just reward; and that *individualism* is not allowed to predominate. Some men are so constituted as to be unfit for official intercourse with others, and if their acts are questioned have a way of appealing for support, much as some politicians have recently done.

In an organization of this kind, nothing should be "cut and dried!" Common report informs us that the caucus is as active in medical matters as in the political arena; which, if true, is much to be regretted.

The Institute should not be "run," but should be allowed to "work" itself, and dictate terms to its votaries which shall have the interests of the *whole* constantly in view.

Honesty and justice *must* be its watchwords; and, with the "Golden Rule" as a part of its code of ethics, to which every member has subscribed, we may confidently hope for the Institute all that support which its best wishers could desire.

It seems to us not a little curious that none of our local societies in New York or Kings County have taken any notice whatever of this forthcoming meeting, in respect to the entertainment of its members as their guests!

The circular sent out by the Secretary gives no hint that any such societies exist at all, and it seems to us that it is due to oversight on the part of somebody.

It is our impression that two more prosperous and efficient organizations cannot be found in "our school" anywhere, than the County Societies of New York and Kings; and it would have been eminently fitting and proper that these two organizations should have united in entertaining, as their guests, the members of our national society. We hope the matter may be placed on a different footing before it is too late!

The Institute has reason to congratulate its members on the issue of the Transactions of its last session, in a manner most creditable and satisfactory. The mode should continue, and there will be less difficulty in collecting dues.

On the whole, we have reason to be proud of this the "oldest national Medical Society in this country;" but success must not be allowed to unsettle and make us unfit for further scientific progress.

We have noticed with deep regret, on some occasions of medical meetings in the past, a disposition to applaud some sentiments by exceedingly undignified means!

For ourselves, we hope that no clapping of hands or stamping of feet will be heard in this meeting. Let us rather show our appreciation in a more dignified and proper manner, by responding in language appropriate to the occasion.

The TIMES will issue a daily edition in honor of the occasion, which will contain a full and succinct account of the proceedings, and will be sent *free* to every member of the Institute. MEMBERS OF THE INSTITUTE, WE BID YOU WELCOME; AND MAY YOUR STAY BE BOTH PLEASANT AND PROFITABLE.

TO INTENDING PARTICIPANTS.

In order that our daily edition may contain a complete report of the doings of the Institute meeting, the members are respectfully requested to send us, at as early a period as possible, *concise* abstracts of the papers they intend to present, so that they may be placed in type *in advance* of their presentation, thereby very much facilitating the publication.

We shall also feel obliged if those who participate in the discussions will kindly furnish us with brief notes of what they intended to say, ensuring greater accuracy in our reports.

Now is the time for "our school" to make declaration of principles which will command the respect of the world! Does it *dare* do it? Who will take the initiative? Whoever does must be very *level-headed*.

DOCTRINAL AFFINITY.

Sectarianism in medicine, as well as theology, is rapidly passing away. It has performed its work in bringing out the strength and beauty, as well as the defects, of those distinct schools which have crystallized around a single idea, and formulated their creeds from that standpoint. It is a law of nature that, in time, everything finds its level. In the constant attrition of mind with mind, in its search for truth, every idea and every new system is subjected to a test which purges it from its dross and brings out its intrinsic value. Partition walls, which seemed almost adamant in strength, melt away before the logic of facts; and opposing minds, when brought face to face with each others' honest convictions, in the light of experimental facts, are astonished to find how slight the difference between them, and how easily they can clasp hands in fellowship.

In the theological world, as the doctrine of love is melting away the old dogmas of vindictive justice and endless punishment, and humanizing the church and the world by a creed so simple and so catholic that the whole human race can stand upon its platform—so, in the medical world, the upsetting of old theories and the new facts brought out by free scientific investigation, in which the minds of adverse schools are brought in closer contact, is rapidly bringing the whole medical world to one solid platform, with a creed so simple and yet so comprehensive that it brings within its scope every honest, intelligent physician. The creed is, "*Facts, not Theories*," and the platform, "*Physician*." There is no room here for sectarianism. The spirit of scientific inquiry, which brings everything to the test of experimental fact, makes friends of all, and crushes out that cowardice which refuses to fellowship with a brother for mere difference of opinion, and that malignant spirit which would rule or ruin.

All important in this crusade against old evils, and in the elevation of the medical profession to an invincible platform and a simple catholic creed, is a certain equality in medical education and a fair understanding of the great medical facts of the world. This can never be accomplished while the scores of medical colleges scattered all over the country are simple factories, which, while they observe certain State laws, are responsible to no one but themselves for the quality of the goods they send out to the public—goods, oftentimes, whose colors will not wash, and whose texture will not stand the wear and tear of hard, honest work. How much of false teaching and theoretical knowledge the student is often compelled to unlearn, each heart, in the bitterness of its mortification, alone can tell. And how often he is compelled to substitute mere book wisdom for that practical knowledge which only comes from careful clinical teaching; and see his competitor, whose advantages in this respect have been greater than his, move steadily on to success, while he lags in the background.

To do away with this evil, and place every medical graduate side by side on the plane of equality, take

away from the medical college the power of granting license to practice, letting its diploma stand simply for what it is worth as a certificate of scholarship, and compel every student, no matter at what school he may have graduated, to come before a board of examiners, appointed by the Regents of the State, or by State authority hereafter designated, and receive from them license to practice. This board of examiners, brought together solely in the interests of science and the protection of the health of the community, would be free from partisan prejudice and sectarian influence. There are men enough within the limits of every State sufficiently great and noble to rise above party feeling and carry out the spirit of the law in its integrity, and these men could easily be found and brought together. Let the same board of examiners pass upon the merits and testify to the qualification to practice of every student, no matter where he may have graduated, before he is permitted to practice. Let the examination be something more than a test of book knowledge, and show a practical understanding of great principles illustrated in diagnosis, prognosis and treatment, and in the prevention of disease. An examination like this would place at the commencement of professional life every student side by side for a fair start in the great struggle for success. However much in the future one might outstrip the other, a mutual understanding at the start would always beget a feeling of fellowship and respect, and the colleges themselves, if all the students were brought before the same tribunal, would be stimulated to do their best in the way of instruction.

The County Society, a membership of which, in this State, the law makes obligatory to all, would be a bond of fellowship, in which facts could be discussed from the standpoint of experience, instead of a wall of separation to protect exclusive dogmas or gratify private spite, by the arbitrary rule of a code of ethics. It is a significant fact that, in this city alone, the registry law has disclosed the names of twelve hundred physicians, many of them eminent in the different departments of the profession, who belong to no County Society. The "silent twelve hundred," and yet not silent, for their position is a protest against the dogmatic and tyrannical rule of factions and sects, in which a few can crack the whip over the many, and men eminent in the profession for talent and varied knowledge, confess they dare not behave with professional courtesy to those who, by education and position, are in every sense their equals, for fear of the whippers-in of their school. What can be more humiliating, more contemptible in this age of progress, when science is everywhere lifting men out of the mire of prejudice, than to see members of a so-called scientific profession hugging the chains forged in ignorance and the bitterness of party rancor, and holding up, in the light of the nineteenth century their shackles, glorying in them as if they were badges of honor instead of shame!

The necessity for a belief or disbelief in certain doctrines as a test of fellowship no longer exists. However strong may be individual attachment for special doctrines, the time has come when physicians will spurn the trammels of sect, and stand on a broader, stronger

platform, and be bound by a simpler creed than those whose influence has been used by over-zealous men to fetter judgment and restrict the freedom of thought. The new school is taking the initiative in this great catholic movement. It has inaugurated a new era of scientific investigation in therapeutics, and it is only proper that, while it throws to the winds the sectarian bonds which have fulfilled their purpose, it shall insist on the same freedom of thought which it is willing to recognize in others. The future is bright with promise, but the great war against disease must be fought under the broad banner of "Physician."

ESSENTIALS AND NON-ESSENTIALS.

In the practice of medicine, as in other pursuits, there are a great variety of things essential to its proper prosecution, while there are many others that are thoroughly non-essential.

Unfortunately this latter class of elements, which incline to cause the most bickering disturbances, are with some always predominantly asserting themselves, to the discomfort of all those who choose to enter their discussion.

Diagnosis in its broadest sense is absolutely essential to the intelligent practice of medicine. It will bring a proper appreciation of the classification of diseases, of therapeutic means, and tend to make better practitioners by teaching individualization.

It will lead to the true sphere of all agents to be employed, save us from attempting to force any out of their legitimate relations, and prevent attempts to interchange therapeutics with mechanics, chemistry, etc., at the same time broadening our minds to greater possibilities in the direction of philosophical thought and methodical research.

It is essential that we should be able to make a correct diagnosis, not only for the purpose of classification pathologically, but also in determining the means to be employed in treatment, whether therapeutic or otherwise, and upon this, all will admit, prognostication must depend.

It is essential that our pathology should include the objective and subjective phenomena, for upon this must depend the selection of the medicine, if one is to be employed.

It is essential that the physician should know the natural course of disease if left to itself, be able to distinguish a natural from a recovery by means of art, and not too ready to credit the latter upon insufficient or unreliable data. Our clinical reports should bear the stamp of truthful reliability, and stand the test of scientific examination according to most modern methods, for by these the sham will often be detected!

It is essential that the physician should know more than merely how to prescribe drugs! He should understand the value of foods, their proper association, and such other dietary rules as will enable him to place a patient in the most favorable condition for recovery. He should consider whether changes of climate are necessary, whether a suitable amount of exercise is being

taken, and be able to investigate other causes of disease, whether avoidable or not. Many a habit which seemed exceedingly inoffensive, has been found responsible for a multitude of troublesome ailments.

A man who suffered a severe form of indigestion with vertigo, apprehensiveness, and a variety of other unpleasant symptoms, was not relieved until the cane sugar which he had habitually used for a long time had been deprived him. So we could go on with examples of similar character, but this is enough for present purposes.

Essentials can be demonstrated to the satisfaction of many, while non-essentials will only meet the approval of the few.

Doubtful questions should not be urged to an extent equal to raising unnecessary opposition! The truth is much more likely to be arrived at by discussion that is not too positive on either side.

Prejudice should never find place in the mind of the scientist. He should condemn nothing without full knowledge of its qualities, and ever be ready to find that place which nature designates for all her votaries.

One cannot have read the articles which have appeared in our columns of late regarding the law of dose, etc., without being struck with the conscientious difference of opinion between medical men as well as with theologians.

It is not essential that the practitioner in accordance with the law of similars shall accept any of the theories which have been associated with it, either by its founder or by any of its adherents.

It is essential that the range of dose should be settled by individual susceptibility, and not by preconceived notions or theories of drug power, ever keeping in mind the smallest, but being bound by nothing short of systemic toleration.

The great field which requires workers at present, then, is in the separation of the *Essential* from the *non-Essential*.

There is a demand for *exactness* in therapeutics for which we are truly thankful, but it cannot be met by the means at present employed by either school of practice.

Our *Materia Medica* is already largely filled with *non-essentials*, both in the so-called *pura* and in the clinical part of its symptomatology, which make a bulk of such magnitude as to frighten many a well-intentioned student. The first impression upon a novice in opening a work of this kind is, that all the drugs are in action *alike*! and it is the *non-essentials* which make them so. Examine the data upon which many of the clinical symptoms depend, and see how doubtful and unreliable, both in respect to the affection claimed to have been cured, and also in respect to the influence of the drug in their removal.

Here we find, for our dependence in the treatment of the sick and dying, a mass much of which is thoroughly *non-essential*, because it has nothing to do with drug-action, but was coined from the imagination, having no foundation in fact.

A question has recently been asked by a leading daily, which shows that laymen are thinking upon the subject

of "knowledge in therapeutics," for in commenting upon the medical treatment of Lord Beaconsfield, the editor says: "Is there any such thing as a science of medicine?" Further he says: "The medicine which one well educated and conscientious physician thinks just the thing in a given case, another equally well educated and conscientious will condemn as worthless or still worse. Chemists do not quarrel as to the effects of two substances upon each other; why should doctors disagree, after centuries of recorded experience and study, as to the effect of drugs upon the human system?"

The "Old School" man attempts to defend his position by seizing the non-essential of his rival of the "New School" and parades the absurdity of using the two hundredth potency as a reason why he should be kept without the pale of scientific medicine.

The physician should be most careful in adopting hobbies and how he rides them. The hobby of non-bandaging the parturient female, ridden by some into a generalization, will be individualized by the true physician into a non-Essential.

Non-ligation of the funis is another bug-bear which has its few eccentric followers, and like a host of other non-essentials, made only for the few and never meeting general adoption by the profession at large.

We propose ourselves to practice as regular physicians in the fullest sense of the term, in accordance with the best judgment we possess, founded of course upon all the knowledge we have of the various existing modes and systems of medicine; and we intend to be bound by none other than our own consciences as to what is best.

The rule of selecting the remedy in accordance with its similarity will be used in such cases as in our experience it is applicable, and we shall make use of such other modes and procedures as may seem best adapted to the individual case, sending perhaps one patient to the seashore and another to the mountains, as individual idiosyncrasy may dictate. Our effort shall be to bring the greatest good to the patient.

Our minds and our hearts both ought to be so constituted that toleration, freedom of opinion and action, and charity should be kept constantly in the foreground.

We should not intentionally wound the mental sensibility of another more than we would the physical.

Let us continue to work together in harmony, each doing what seems to him most in the direction of that goal which every true soul yearns for; and with the noble precepts of the "Golden Rule" emblazoned upon our hearts, may we expect to reach accomplishments, otherwise quite beyond our reach.

THE SILENT TWELVE HUNDRED.

The registration of the County of New York numbers about 2,400. The members of the Medical Society of New York, and of the Homœopathic Medical Society, and the Eclectics, * "being subtracted from the total registry, leaves about 1,360, or more than one-half without declared or apparent doctrinal affinity—a state of affairs that to us was somewhat unexpected, and certainly is the reverse of desirable." We had supposed that nothing short of the last trump would

arouse the medical Rip Van Winkle from his lethargic complacency. It seems as simple an affair as a registration ("statistics") has caused his joints to crack, and his bones to rattle.

"Without declared or apparent doctrinal affinity!" What a shocking revelation is this—that in this nineteenth century, *one-half* the members of one of the learned professions in New York County should shrink, on the one hand, from an affiliation with a body of men, who seek to impose professional ostracism upon a part of their confreres, irrespective of personal attainment, character, success or previous condition; and on the other hand, from affiliation with a body of men, who claim that the study and practice of our great profession, is dependent upon the workings of a single Therapeutic Law! "Somewhat unexpected," this eloquent appeal of the Silent Twelve Hundred, is it? "The reverse of desirable," that one-half of the medical profession of the County of New York should be seeking the light from every source, regardless of school or dogma, striving to be physicians in the broadest sense of the word, manacled by no code of ethics, hampered by no "doctrinal affinities," untroubled by much serving of old school or new school.

Twelve hundred men who think, and study, and labor, and do not belong to a county medical society. We thank the registration law for enumerating and the *Medical Record* for voicing the Silent Twelve Hundred. The tocsin is sounded at last that is destined to ring in a renaissance in the medical world. The key-note of this renaissance will be a State Board of Examiners. The result will be a common ground upon which the medical profession may stand, and the natural death of Schools and Pathies. Vive la Twelve Hundred, silent no longer!

Our esteemed contemporary has yet to learn, it seems, that a majority of the medical profession deprecate the spirit of intolerance and bigotry which ignores the right of a physician to think and study and labor from the standpoint of his own opinions and convictions, and to make his own deductions from the medical literature and clinical experience of the world, unbiased by doctrinal affinity, freed from the fetters of superstition, released from the toils of tradition. It is in a somewhat unexpected state of mind to find that one-half its brood are ducks and can swim. But it will be necessary to do something besides stand on the shore and cackle, and cluck, and scratch, to bring the 1,360 ducks "into the fold," for they like to swim and they like their liberty.

BIBLIOGRAPHICAL.

HOW TO SEE WITH THE MICROSCOPE; Being Useful Hints Connected with the Selection and Use of the Instrument; also Some Discussion of the Claims and Capacity of the Modern High-Angled Objectives, as Compared with those of Medium Aperture, with Instructions as to the Selection and Use of American Object-Glasses of Wide Apertures. By J. Edwards Smith, M.D., Prof. of Histology and Microscopy in the Cleveland (O.) Hom. Hospital College, Etc., Etc. Illustrated. Chicago: Duncan Brothers. 1881. Pp. 410.

The microscope having become an actual necessity to the intelligent practice of medicine, the selection of an instrument and the various modes of management cannot be over-estimated. The busy practitioner is the one that has most occasion for its use, and he is compelled to practice economy in the use of time in the manipulation of his specimens. The little volume before us will enable one to judge of the respective merits of instruments, gives a clear idea of their *modus operandi*, and contains the necessary information to the rapid and efficient work of the expert microscopist. The author and publishers are both to be complimented for their part in giving us such a work.

THE DIET CURE; an Essay on the Relations of Food and Drink to Health, Disease, and Cure. By T. L. Nichols, M. D. New York: M. L. Holbrook & Co.

While the author has given us a very intelligent account of his view of the subject of "diet cure," it is quite evident, from his chapter on *vis medicatrix nature*, that his hobby is getting the upper hand, as he fails to recognize the relationship of drugs to the "cure" of disease. This *expectant* treatment, which is the antipode of old medicine, is liable to abuse as well as the other extreme. We cannot indorse the proposition of this Expectant School, to stand by and watch nature in her recuperation, without an attempt to aid her if she fail, as she often does.

The intelligent, true physician will not fail to so nourish his patient as to place him in the most favorable position for recovery, and at the same time, if he is what he should be, he will omit none of those other aids which art and experience have demonstrated as most valuable adjuncts; and he will find it necessary to individualize the diet as well as his other means.

Like most books written from a dogmatic standpoint, the one before us falls far short of its goal of usefulness in consequence of this fact. There is much that is good in this little brochure, but it can only be recognized by the experienced hygienist, while to any other, many of its statements would prove injurious.

A MANUAL ON DISEASES OF THE EYE AND EAR for the use of Students and Practitioners. By W. F. Mitten-dorf, M.D., Surgeon to the New York Eye and Ear Infirmary; Ophthalmic Surgeon to Bellevue Hospital Out-Door Department; Assistant to the Chair of Ophthalmology and Otology, Bellevue Hospital Medical College. Fully illustrated with colored lithographs and wood cuts. New York: G. P. Putnam's Sons. 1881.

The author explains his object in writing this book to be, to supply the want of a short practical manual of the diseases of the eye and ear in the English language. He says "the use of the more extensive text books on the subject cannot be replaced by this little work which is intended for the elementary study of the diseases of the eye and ear only."

As a rule a manual is a difficult book for all but those who have a special knowledge of the subject of which it treats, and so has a tendency to defeat its own end. It may, perhaps, be a matter of opinion whether this book does not presuppose a knowledge of histology and pathology that the general practitioner rarely possesses, and that is an absolute prerequisite for successful diagnosis and treatment. The book will, however, be a great aid in keeping this knowledge in hand for practical use when once acquired.

THE LAWS OF THERAPEUTICS, or the Science and Art of Medicine. By Joseph Kidd, M.D. Second Edition. London: C. K. Paul & Co. 1881. Pp. 245.

The work of which this is the second edition begins with the historical, discussing intelligently the various therapeutic theories which have from time to time prevailed in the medical world, to the present.

In referring to the Eclectic School, he says: "Like most attempts at eclecticism, losing all anchorage of first principles of therapeutics, it has degenerated into the most indiscriminate drugging with enormous doses of the most nauseous medicines mixed together in inextricable confusion. The true physician must not degenerate into eclecticism—a mere collection of details without law and without any true basis."

In plain view of such sentiment the author of this book has been repeatedly stigmatized as an *Eclectic*, and by some, too, who must have known they were "bearing false witness" when the assertion was made.

The author does not claim that the law of similars is the *only* guide in therapeutics, but rather takes the only

tenable ground for the true scientist in the matter, considering the fact that "the study of therapeutics includes all that concerns the prevention and treatment of disease, the knowledge and use of medicines, food, drink, baths, exercise, gymnastics, electricity, galvanism," etc.

One cannot peruse this book without being struck by the extreme honesty of purpose which has actuated the preparation of its entirety. The subjects are considered with that degree of conscientiousness which should appeal to the sympathy of the honest investigator in the department of therapeutics in general.

Some will think that the author devotes too little attention to the law of similars, but they must bear in mind that its scope attempts to include the whole field, and the discussion of each theory is in accordance with his view of its importance.

The author draws upon his clinical experience for some very novel and unique cases, which cannot but prove instructive to the unprejudiced practitioner, and the article on "Food" will also prove interesting.

The book deserves and will have a wide reading, not particularly for its homeopathy, but for its sound practical common sense, which is the result of a long and varied experience of its author.

A MANUAL OF THE PRACTICE OF MEDICINE; Designed for the Use of Students and the General Practitioner. By Henry C. Moir, M.D. New York: 1881. Pp. 455.

We can give no better idea of the scope of this work than may be learned from its preface, which says that "an effort has been made to impress upon the reader that no diagnosis should ever be final, without a *careful study of each individual symptom*; and that, to be accurate and rapid in diagnosis, the *causes* of each and every prominent symptom of disease should be particularly memorized and constantly reviewed." The general introduction treats of the diagnostic value of rational and physical symptoms, and then follows an enumeration of the diseased conditions of various parts of the body; prominent symptoms of disease possessing a special diagnostic value, and their causes; all of which is very conveniently arranged according to anatomical divisions.

The student will find here a proper classification of the lesions to which the various organs and tissues are subject, in such form as to greatly simplify their study and facilitate the memorizing of diagnostic differences by ready comparison.

The text has been compiled from leading sources, and is in accordance with most recent investigation in all excepting its therapeutics, which, however, also accords with the present "fashion" of "Old School" medicine.

SPECTACLES, AND HOW TO CHOOSE THEM; An Elementary Monograph. By C. H. Vilas, M.A., M.D., Prof. Dis. Eye and Ear, Hahnemann College. Chicago: Duncan Bros. 1881. Pp. 165.

As the title modestly assumes, this little book is intended, from its "elementary" character, for the beginner in the study of ophthalmology, and for this purpose it is admirably adapted. While we would not advise the inexperienced general practitioner to attempt the selection of glasses, we would recommend him to read this book for the valuable information it contains, and which will enable him to know when to send his patient to the specialist for examination.

The work is both well arranged and intelligently presented, and is supplemented with the usual test-type, employed for the purpose.

EIGHTH BIENNIAL REPORT OF THE TRUSTEES, SUPERINTENDENT AND TREASURER OF THE ILLINOIS ASYLUM FOR FEEBLE-MINDED CHILDREN, AT LINCOLN.

The Medical Superintendent's report will be found interesting to students in this department.

TRANSACTIONS OF THE WORLD'S HOMOEOPATHIC CONVENTION, held at Philadelphia, under the auspices of the American Institute of Homoeopathy, June 26th to July 1st, 1876, vol. II. History of Homoeopathy, pp. 1128. Sherman & Co., 1880.

This long expected volume has at length appeared and when we get the other, now *five years* old, we can ask ourselves if it is worth the cost? In the preface to the present volume, the editor says, in regard to the papers that "the result is not satisfactory to him, but the responsibility for omissions and for the indifference of those who might have supplied them, does not lie upon him," which is an admission that blame attaches somewhere!

We should like to know who is responsible for the incomplete article covering our practice and its nearly three hundred practitioners in the city of New York, which stops at 1844? This is a piece of audacity and injustice which should not have been overlooked, and somebody ought to be called to account for it!

Many of the articles are altogether too long, containing uninteresting and irrelevant matter which never should have appeared in this connection, and the editor—or what would have been far more appropriate, the publication committee—should have thoroughly revised and edited the MS. before going to press, cutting off the superfluous, and supplying from some source the missing links to complete the history. As it is, the work, as a whole, is careless, unsatisfactory, and not at all what was intended.

Of course, regrets are now in vain, but let us profit by past experience in guarding the future against a possible repetition.

ANATOMICAL PLATES, arranged as a companion volume for "The Essentials of Anatomy" (by William Darling and A. L. Ranney) and for all works upon descriptive anatomy, comprising four hundred and thirty-nine designs on steel, by Prof. J. N. Masse, of Paris, and numerous diagrammatic cuts selected or designed by the editor, together with explanatory letter press, by Ambrose L. Ranney, A.M., M.D. New York: G. P. Putnam's Sons, 27 and 29 West 23d Street.

The original plates of Prof. Masse were republished by Harper & Bros. under the editorial supervision of Prof. Grannen Sharp Patterson thirty years ago. The work, which produced quite an excitement at the time of its publication for the great beauty and scientific accuracy of the plates, has long since been out of print. The profession owe the publisher a debt of gratitude for reproducing a book which, in completeness and beauty has never been equalled. The work of the editor has been something more than placing his name on the title page of a reprint of a foreign work. He has given a very excellent letter press description of the plates and added materially to the value of the book by several pages of diagrams, either original or selected from modern authors. To the student of anatomy the anatomical plates of Masse and Ranney will prove invaluable.

DISEASES OF THE NERVOUS SYSTEM. Being a Treatise on Spasmodic, Paralytic, Neuralgic and Mental Affections for the use of Students and Practitioners of Medicine. By Charles Porter Hart, M.D. N. Y.: Boericke & Tafel, 1881.

The author devotes Part I. to the discussion of the physiology of the cerebro-spinal centres, and under this head in different chapters includes general remarks on nervous diseases; functions of the cerebral cortex and lobes; functions of the cerebral ganglia and of the medulla oblongata and spinal cord.

Part II. is devoted to derangement of the motor function. Under this head is discussed in Section 1st, spasmodic disorders; Section 2d, paralytic disorders.

Part III. derangement of the sensory function. Part IV. derangement of the mental functions, including in Section 1st, moral disorders; in Section 2d, intellectual disorders. In the history and pathology of disease the author is clear, and presents the most advanced views of the present day. The treatment is rendered more valuable by the carefully prepared clinical cases which give a living picture of almost every disease treated, with the result of the treatment. The author brings to his task an intelligent and observing mind and, in addition to his own special views has gathered from a wide range of reading the most scientific views of the best writers and teachers of the subjects presented. The result is a work which will prove of great practical value.

DR. W. H. WINSLOW, of Pittsburgh, has in course of preparation a new work entitled "The Human Ear and its Diseases." The doctor has spent many months in the careful elaboration of the book in his effort to bring the subject matter up to date and make it what he claims it will be, a work for the general practitioner. It will be a work of nearly 400 octavo pages, substantially bound, and issued with due regard to the mechanical requirements. The book will contain nearly 100 wood cuts of instruments, pathological changes, etc., many of them appearing for the first time in works on the ear. The subject matter is fully up to the standard works of Roosa, Burnett, and others, and is further enhanced in value by the addition of homoeopathic therapeutics. Several of the professors of Ophthalmology connected with our colleges have already signified their intention to make it the text-book of their department. The work will be put in press within a few weeks, and from a casual examination of the material we are sure will be eagerly accepted and profitably used by the profession at large.

CORRESPONDENCE.

MESSRS. EDITORS:—Unquestionably it is decidedly *infra dig.* for an author to reply to notices of his publications, and as yet I have not been guilty of the act. The last number of your valued journal, either through error of the press, carelessness of the writer, or some less excusable cause, contains so many errors, in a notice of my "Surgical Principles," that I am compelled to ask you to notice it.

In the introduction to said manual I am quoted as stating that we, as homoeopaths, have nothing to do with "blisters, cauteries, and sub-cutaneous injections," but the omission of the qualifying portion of the sentence, "as therapeutic agents," misinterprets me cruelly. The sentence may even then, from faulty construction, fail in making my meaning clear, which was that they may each and all be needed for purely mechanical effects, as adjuvants.

As to vaginal injections, I assure you I never wrote such a clumsy sentence, and will simply quote what I *did* write, which may not need any further explanation. Page 199: "For ordinary leucorrhoeal discharges it (injection) is useless, as the vagina is a self-cleansing canal, and injections, whether medicated or not, are almost certain to aggravate the condition, or perhaps suppress it, or set up more serious morbid action. There may be cases, however, when the flow is irritating and perhaps malignant—particularly when proceeding from ulcerative action—when the blood, pus, and detritus may induce septic poisoning, and some means to insure its removal may be demanded." No italics, you will observe. "Even this is very problematical, at least the indications are not clear to me; I have never had occasion to resort to such practices, and unless my views should undergo a very radical change, I never shall."

What are these views? That the gynecologist shall demonstrate how and *why* an excreting surface becomes an absorbing one.

Respectfully,
J. G. GILCHRIST.

SOCIETY REPORTS.

HOMŒOPATHIC MEDICAL SOCIETY, COUNTY OF NEW YORK.

NEW YORK, May 11, 1881.

A regular meeting of the society was held this evening, the president in the chair and 36 members present.

J. E. Russel, M.D., was elected to membership.

Henry von Musits, M.D., read a paper on rubecula (German measles—rueheln), detailing the symptoms characteristic of the various forms and reported the following case:—

"Mr. Bird, aged 24, requested my attendance on March 22, 1881, complaining as follows: general malaise, severe headache, lachrymation, nasal catarrh and hoarse cough. March 24, catarrhal condition the same, and in addition slight sore throat, swelling of the parotid glands and loss of appetite. A scarlet rash had appeared during the night, covering nearly the whole body. On passing the hand over the surface of the skin the papular elevation was rough and distinctly felt; there was a slight tumefaction of the whole surface, especially of the face; fever moderate; pulse 90. During the following six days the exanthema grew gradually fainter, and on the eighth day peeling commenced, but not like the desquamation of scarlet fever. The catarrhal symptoms were all better; appetite returned almost ravenously. On April 4th there was aggravation of all the catarrhal symptoms; the eyes profusely watering; swallowing difficult, severe headache. April 6th, a rash similar to the first appeared, accompanied by a severe articular rheumatism, with great swelling and pain, restlessness and high fever; pulse 120. As the first eruption was peeling off, the second under it in full blossom. Face much tumefied. This second attack of rash went through much the same process as the first, growing fainter and peeling off; the rheumatism became better; but the patient's face and hands show pale dotted spots in place of the exanthema. Treatment—symptomatic."

F. E. Doughty, M.D., asked Dr. von Musits whether he had observed any enlargement of the glands over the mastoid processes; and said that he thought that in the present epidemic of the disease that symptom was not diagnostic of German measles.

Dr. von Musits said that there was enlargement of the glands.

F. E. Doughty, M.D., read a very interesting and instructive paper on Typhlitis and Perityphlitis, which will be found in full in the July number of the *Medico-Chirurgical Quarterly*. In addition to the reading of his paper Dr. Doughty said that without an operation with the knife cases are very apt to terminate fatally; and if the physician delays the operation until the symptom of fluctuation appears he will be likely to lose his patient. The rule he had adopted was, after the first week of the disease if he found the tumor well marked and the temperature high—100 or a little over—to make an incision and putting in a large hypodermic needle he explored for pus. If he found pus the needle was left in, the incision enlarged, and the finger introduced to search for a foreign body; if pus was not found no harm was done. The needle could be introduced every two or three days with impunity to search for pus, and the danger of internal rupture is avoided.

Robert McMurray, M.D., said he had seen a few cases of the disease and his experience had led him to feel very jealous of the use of cathartics. If the obstruction is occasioned by impacted feces and the physician succeeds with the first cathartic in relieving the patient it is well, but if he fails the patient is ten times worse, and every time a cathartic is administered his chances are lessened. Dr. McMurray had noticed the effect of cathartics very particularly in the case of a friend of his whom he had treated for perityphlitis. Hot fomentations had proved exceedingly useful, nothing relieving

the pain so much except *Opium*. The patient above mentioned recovered by resolution. The remedies used were *Opium*, *Mercury*, *Belladonna*, and the hot applications. *Opium* he regarded as more than a palliative. It produces relaxation and determination to the surface and all those conditions favorable to the resolution of the inflammations. Dr. McMurray had suffered from the disease himself and had found great relief from *Morphine*, a few drops being put into half a tumbler of water and a teaspoonful of the solution taken at intervals. He had found that there was a great tendency to recurrence of the disease, and that troublesome after effects persisted for a long time. He himself still experienced a sense of constriction in the abdomen and he could not stoop down to button his right shoe, or drop his right knee to a level as he could the other.

S. Lillenthal, M.D., said he had seen two cases of the disease; in neither case did he use *Opium*. But in both he used extract of *Belladonna* very freely, both externally and internally. He had no confidence in the tincture for such cases. He used also hot fomentations, and *Mercury* low, internally. He had tried *Belladonna* high and failed entirely.

J. M. Schley, M.D., said he had seen two cases of perityphlitis. One of these was in a lady 68 years, and occurred about two years ago. She recovered after an illness of two or three weeks by the use of *Belladonna*, *Bryonia*, *Mercurius*, and hot applications. She refused to take *Opium* in any form. She was subject to chronic constipation. A tenderness at the seat of the disease remains; frequently on any little disturbance of the bowels she will complain of pain; it is difficult for her to get around, and she is in constant dread of a recurrence. Dr. Schley thought a recurrence would probably be fatal at her time of life.

Dr. Lillenthal asked Dr. Doughty if operative measures lessened the danger of a recurrence?

Dr. Doughty said they did not; but the danger of internal perforation was lessened and hence its great value. One of the worst cases he had ever seen was in a woman of 30 or 35 years, who had a tumor about as large as a cocoa nut. He performed Buck's operation and drew off half a pint of pus and put in a drainage tube. Healing took place gradually by granulations. Six or eight months afterwards, in consequence of sitting on damp ground, she had a recurrence of the disease; pus formed again; an incision was made in the same place as before and the pus drawn off. The healing took longer this time. Some months after she had a third attack, during which Dr. Doughty did not see her, but pus formed again and was drawn off as before and she again recovered. This was the only case he had ever seen where there was a relapse after operation. But relapses were very prone to occur. In one case which he knew of, occurring in a young man, there had been three relapses, and the patient is in constant dread of a recurrence, if he straightens himself a little more than usual or tries to lift anything he is conscious of adhesions in the locality of the disease. On the other hand Dr. Doughty had seen one case, the patient being his own brother, where complete recovery took place in ten days or two weeks. From that time, which was in the year 1876, to this he had never had the slightest indication of similar trouble, although he had been through all kinds of rough life, ranching in Texas, hard riding, etc. In this case the attack was very sharp, the tumor well marked, and the patient was seen by quite a number of the best physicians, who all concurred in the diagnosis. The remedies Dr. Doughty had found most successful and used chiefly were *Mercury* low, *Belladonna* and *Bryonia*, with sufficient *Opium* to keep the patient quiet and free from extreme pain. He did not believe that *Opium*, even in massive doses, would do anything like the harm which writhing in pain would do, beside the risk of rupture. *Opium* also stopped the peristaltic action of the bowels, preventing accumulation and pressure. In his brother's case he had used *Mercury*

to the point of touching the patient's gums. He had tried the higher preparations of *Bryonia* and *Belladonna*, but without success.

Dr. von Musita spoke of a case of a child between nine and ten years old where the sensitiveness of the abdominal wall was so great that hot fomentations could not be used. He administered *Lachenis* and the child recovered and had no attack since.

John A. Rockwell, M.D., said that a patient of his, a lady of 35 years, who had an attack of typhilitis as she said at about the age of twenty, was in constant fear of a recurrence, and when indications of approaching constipation occurred, or when she feared constipation, she would come to him in great alarm. He noticed on two occasions a swelling which was tender to touch, accompanied with fever and great pain. The case he thought seemed to confirm the alleged tendency to recurrence of the disease.

The President asked what form and potency of *Mercury* had been used?

Dr. McMurray said he had used soluble *Mercury* in the first centesimal trituration.

Dr. Doughty said he used *Mercurius Dulcis*.

Dr. Lilienthal said he had always used *Mercury*, low, in this disease.

Dr. Doughty said he by no means advocated the use of *Opium* in every case, but only when the pain was very intense, which it is in one-third or one-fourth of the cases. If the pain is bearable *Opium* in tangible doses should not be administered.

Dr. Lilienthal asked if *Belladonna* in tangible doses would not have the same paralyzing effect on the muscular fibre as *Opium*?

Dr. Doughty said it might, but it would not have the narcotic effect of *Opium*. There are a great number of reputed narcotics, but none of them seem to be of much use except *Opium* and *Chloral*.

The President asked if in the experience of any present cases it had terminated fatally?

Dr. McMurray said he had lost a case, and knew also of another which had been operated upon, the abscess found, yet the case terminated fatally.

Dr. Lilienthal said he thought operations for this disease were often fatal only because they were made too late.

M. A. B. Mount, M.D., presented for inspection a morbid growth of a fibro-fatty nature which she had removed from the vagina of a patient who came under her charge after having suffered for several years. The tumor was found attached to the external orifice of the uterus, and after considerable difficulty Dr. Mount succeeded in removing it by ligature without hemorrhage or danger to the patient, with rapid recovery.

Adjourned. F. H. BOYNTON, M. D.

Secretary.

THE Homœopathic Medical Society of the County of Kings, N. Y., at its twenty-first annual meeting, held in Brooklyn May 10, elected officers as follows: President, Dr. E. Hasbrouck; Vice-President, Dr. C. L. Bonnell; Rec. Secretary, Dr. W. W. Blackman; Cor. Secretary, Dr. R. C. Moffat; Treasurer, Dr. Hugh M. Smith; Censors, Dr. W. L. R. Perrine, Dr. S. E. Stiles, Dr. H. Willis, Dr. H. Minton, Dr. E. J. Whitney.

The Society is in an exceedingly flourishing condition. The membership is ninety, and increasing at nearly every meeting. Meetings are held monthly, with a good average attendance. With the June meeting the Society proposes to begin a new method of work. The subjects for papers and discussion are selected by vote one month in advance of presentation. Four of the meetings of the year are designated as "quarterly," and are to be held at the residences of members, a portion of the evening to be devoted to the reading by its editor of a paper made up of miscellaneous articles contributed by members and others. The remaining part of the evening will be given to exercises of a gastronomic and social character. Visiting physicians will always be cordially welcomed.

THE HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.

The thirty-first semi-annual meeting of the Society was held in Troy, April 19, 1881. There were twenty-two members present. The President, Dr. A. G. Peckham, of Waterford, delivered a stirring and vigorous address. He called attention to value of the Society to the members; spoke of the opportunities it affords for mutual conference and improvement; and urged a largely-increased attendance and the contribution of greater numbers of practical and well-prepared papers.

The new members elected were: Drs. O. F. Seidel, G. M. Lamb, R. E. Belding, of Troy; J. C. Mesick, of Spencertown; Catherine E. Goewey, of Albany; E. L. Crandell, of Greenbush; H. P. Holmes, of Lansingburgh; W. H. L. Starks, of Waterford.

ELECTRO-MASSAGE.

Dr. Mesick exhibited one of Dr. John Butler's electro-massage instruments, and in extended remarks, explained its uses in the various diseases and conditions for which it is specially applicable. The combination of electricity, or rather magnetism, with massage; its readiness of application; certainty and uniformity of action; cleanliness; moderate size and yet abundant power, as developed and rendered easily serviceable, are points of superiority possessed alone by this new and convenient instrument.

Dr. Paine had witnessed very satisfactory results from massage, as recommended by Dr. Weir Mitchell, in his work on "Fat and Blood," in the treatment of cases of anemia; particularly that of his son, Dr. N. E. Paine, then at the Island of Capri, where he had been spending the winter. He thought the union of modified massage and magnetism, as developed and applied by Dr. Butler's instrument, one that would form a very important adjunct in the treatment of many diseases of frequent occurrence in practice.

Dr. Lamb had found electricity very useful in the treatment of many cases of paralysis, ovarian irritation, and prolapsus uteri.

Dr. Belding had applied electricity in the treatment of some diseases of the eye and ear, with very satisfactory results, particularly several cases of deafness. He suggested that an electrode, on the principle of the roller,* that could be adjusted to an ordinary battery, would be an improvement worthy the attention of manufacturers of electrical instruments.

VAGINAL DOUCHE.

Dr. Paine read a paper on "The Utility of the Hot Water Douche for the Relief of Congestion and Inflammation of the Pelvic Organs." The following extracts indicate the important points:—

"The value of the curative and resolvent properties of hot water has not been fully estimated, chiefly, we may fairly conclude, because its proper mode of application has not been resorted to, on account of the difficulties hedging about its thorough administration.

"In order that the patient may reap the full benefit of this simple operation, it is essential that she should intelligently comprehend the nature of the disease from which she is suffering, as well as the means to be used for its temporary mitigation or final removal.

"The abnormal condition being an undue distention of the capillary vessels, within and surrounding the pelvic organs, it is obvious that a standing or sitting posture effectually prevents a complete and easy flow of blood therein. While maintaining a sitting or upright posture the return of venous blood from the pelvis and lower extremities is retarded by the force of gravity, also by a portion of the weight of the intestines within

*[The Western Electric Company make just such an instrument as is here referred to, and it has done excellent service in our experience, admitting of the use of the various currents, as indicated.—Eds.]

the cavity of the abdomen. It will be perceived, therefore, without further explanation, that in order to obtain the full benefit derivable from the use of hot water injections, the advantage of applying the fluid while the patient maintains a recumbent posture constitutes the chief element of its successful application. The advantages of this position can and ought always to be still further promoted by a considerable elevation of the hips."

The Dr. exhibited a tin receiver, so constructed as to catch and convey away the water, without risk of an overflow into the bed. The shape of the pan conforms to that of the body of the patient. The part placed in contact with the body is covered with a cushion of soft rubber, to prevent its being overheated by the hot water. The appliance is designed to be used by the patient without the aid of an assistant.

CASES FROM PRACTICE.

Dr. Niver, of Cambridge, introduced a patient suffering from chronic cystitis. The case proved one of interest, and drew out an extended discussion regarding its peculiar features.

At the afternoon session, Dr. Coburn, of Troy, related the symptoms of a case of a middle aged woman, which, on account of loss of memory and errors of language, indicated embolic obstruction of some portion of the cerebrum.

UTILITY OF OZONE.

Dr. Paine read a paper on the utility of ozone as a disinfectant and deodorizer, and exhibited an American Ozone Generator, a new instrument, manufactured by the Hektograph Co., of New York. The following extracts are germane to this subject:—

"The advantages alleged to result from the presence of a normal proportion of ozone in the air we breathe are very great—in fact, are essential to our continued well-being. It is claimed for it that epidemic diseases do not prevail; that malaria, in all its various forms, is controlled; and that the development of cholera, yellow fever, typhoid fever, scarlet fever, diphtheria, and all septic diseases, is promptly arrested, and their germs effectually destroyed. It is stated that the ulcerated patches of the intestines of typhoid cases, found teeming with animalcule, when subjected to the influence of ozone are destroyed instantly. It promptly deodorizes all decaying matter, and completely disinfects air rendered impure by putrid animal or vegetable substances. * * *

"It would appear that ozone is the principal if not only true disinfectant known to our globe; and that it not only renders foul air pure by neutralizing and rendering harmless all noxious gases, but also speedily destroying the *germs* of disease which therein find their favorite *nidus*, and without which they cannot exist. It is plainly evident, therefore, that all private residences, business houses, offices, schoolrooms, and all public buildings, should be provided with the means for generating a supply of ozone, if for nothing else than that of a preventive of the origin and development of disease."

Dr. Paine read extracts from letters, showing the value of ozone in a case of catarrhal bronchitis, treated by Dr. Linsley, of New York, and one of asthma by Dr. Demarest, of New York, both of whom agree in recommending it as worthy of trial in similar cases; and concluded as follows:—

"As regards my own brief experience, I am decidedly of the opinion that the Ozone Generator is an exceedingly useful instrument. I have tried it in two cases of scarlet fever, in both of which no new cases occurred, although other children were living in the houses where the disease made its appearance. I have also tried it in one severe case of infantile remittent fever; one of chronic bronchial inflammation; and one of influenza. The last named did not appear to be influenced in any way by it. The others were evidently benefited.

"I fully concur with Dr. Demarest in stating that the production of ozone by means of this new process, while of unquestioned merit and eminently worthy of continued and repeated trial, is still too recent to warrant definite conclusions regarding its practical advantages. Many other appliances and methods for the production of ozone are far too expensive to admit of their general use; this one, however, on account of its simplicity and cheapness, commends itself to the favorable consideration of the profession."

FEEDING OF INFANTS.

Dr. Waldo, of West Troy, read a very interesting and suggestive paper on "Human Milk; an Examination of its Composition and Characteristics." The subject was examined in detail, and treated in a thorough and exhaustive manner. The discussion which followed was of exceeding interest, and afforded many practical suggestions regarding the management of bottle-fed infants.

The doctor spoke of the great mortality among children under two years of age, and said: "It might be attributed, in a great measure, to improper feeding. The natural food for the infant is the mother's milk, and it will be found that few children die of digestive troubles the first eighteen months who are fed upon it exclusively. But when a child is weaned, or when it becomes necessary to feed it, few mothers have any judgment as to the proper articles to feed, and too many physicians are profoundly ignorant upon this important subject."

"In order that we may prepare by art a compound to take the place of milk, we must understand something of its chemical and physical properties."

"An analysis of milk, chyle and blood show that each consists of water, nitrogenous and non-nitrogenous substances and salts. Human milk contains every constituent necessary to form blood. The albumen of the blood is formed from the caseine of the milk; the fatty matters of the blood are formed from the butter of milk without undergoing any change; the sugar of the milk is probably oxydized for the production of animal heat; the salts of the milk, by very simple chemical changes, are converted into the salts of the blood. *The mother's milk contains no superfluous substances*—nothing but what is to be absorbed and used in the system. From somewhat extensive observations, I am of the opinion that human milk is neutral, or slightly alkaline."

"The caseine of human milk is very easy of digestion, and contains the earth of bones in larger proportion than blood, and in very soluble form. As the pancreas of the nursing infant is comparatively inactive, Nature presents the fat of the milk in the form of an emulsion in the milk globules."

NECROLOGICAL.

Dr. A. W. Holden, of Glens Falls, presented and read the following sketch of the life, character, and services of the late Dr. B. F. Cornell, of Moreau, one of the pioneers of homeopathy in Northern New York, and one of the founders of this Society:—

"*Mr. President:* As a near neighbor, for many years a personal friend, and oftentimes a professional associate, of the late Benjamin F. Cornell, M. D., I feel that a duty devolves upon me to place upon the records of this Society some memorial of one who was the active and efficient pioneer of homeopathy in Northern New York. He died on the 12th day of April, at the advanced age of 77 years. He was born of Quaker parentage in the town of Easton, Washington County, N. Y., in the year 1804. His early opportunities for mental culture were limited to the slender advantages to be derived from a common school education. By teaching, and other laborious avocations, pursued during the interim while prosecuting his professional studies, he was enabled to attend the lectures and obtain a diploma at the Castleton (Vt.) Medical College. From thence he went to Mobile,

Alabama, during the palmy days of that city's prosperity, in the flush times which antedated the rebellion. Here he embarked in what gave promise of being a successful practice; but after a few months' experience of that semi-tropical climate his health gave way, and he was obliged to return to the North. He married a Miss Thompson, of Moreau, Saratoga county, N.Y., and from that time forward he made his home on the farm in Moreau, where he died.

"Among the earliest of converts to the medical doctrines propounded by the immortal Hahnemann, he adopted for his guiding star the law of *similia*, and very speedily his reputation as a skillful diagnostician and practitioner spread far and wide. Patients thronged his office in crowds, and he traveled long distances for consultation over desperate and difficult cases. He was among the first to assist in the organization of the Homeopathic State Medical Society, over whose councils he was, in due course of time, called to preside. He was the chief promoter in the formation of this Society, and one of its first presidents. He also assisted in the establishment of the Saratoga and Warren county homeopathic societies.

"Calm, self-possessed, and self-reliant, his benevolent countenance, radiant with sympathy and kindness, always came to the sick-room like a benediction and a blessing. He was an enthusiast and devotee to his profession, making at times almost superhuman exertions and sacrifice of personal ease and comfort, in order to meet his many engagements and calls. Such was the extent of his ride and the pressure of his professional responsibilities, added, doubtless, to a shrinking delicacy of feeling, that his charges and collections were by no means commensurate with his extended practice. His life was not a pecuniary success. Notwithstanding the creeping infirmities of age and impaired health, he continued his arduous labors about to the very last, until, stricken by paralysis, he was obliged to give way and yield to the stern mandate and summons of the fell destroyer.

"He died in the communion of the Methodist church, and the blissful hope of a blessed immortality. His funeral was largely attended, physicians of both schools of practice acting as pall-bearers, and testifying by their presence the exalted estimation in which his memory was held. Thus has passed away a well-rounded life of usefulness—an example commended to the imitation of the young—a life which confers lustre on a hard, laborious, and often thankless profession; a life of which the old and grey-headed among us may well be emulous and proud, and in a fervor of gratitude thank God who has given us such men to glorify our creed and bless humanity."

Dr. Holden concluded by offering the following resolutions, which were unanimously adopted:—

Whereas, The Supreme Ruler of the Universe has, in the ordering of human events, seen fit to call from this sphere of action our late professional associate and friend, Benjamin F. Cornell, M.D., therefore,

Resolved, That this Society deplores with the deepest sorrow and regret the dispensation which deprives us of a member whose wise counsels, fruitful suggestions and rich experience lent a dignity and value to our deliberations, and the sick and suffering of a friend and counsellor, whose benignant presence will not readily be replaced or supplied.

Resolved, That to the surviving relatives and friends of the deceased we tender our earnest sympathy and condolence, commending his memory to the ever present and precious regard of the hundreds who have had abundant reason to hold it in reverential and affectionate remembrance.

Resolved, That the Secretary be instructed to spread these resolutions and preamble upon the minutes of this Society, and to furnish a copy of the same to the widow of the deceased, and also to the several newspapers published in the vicinity where his life-work was accomplished.

CONCLUSION.

Letters of regret from several members and others, on account of inability to attend the meeting, were read by the Secretary.

The large accession of new members, the increased attendance, the number of thoroughly-prepared papers read, and the practical bearing of the discussions thereon, are indicative of a growing and lively interest in the Society, and betoken a determination to make it tributary in a far greater degree to the promotion of mutual instruction and fellowship among the profession of Northern New York.

The Society adjourned, to meet at Saratoga on the second Tuesday in August.

H. M. PAINE,
Secretary.

THE Homeopathic Medical Society of California recently held its most interesting annual meeting, and elected the following officers for the coming year: President, Dr. J. A. Albertson; First Vice-President, Dr. F. F. De Derby; Second Vice-President, Dr. E. S. Breyfogle; Recording Secretary, Dr. W. E. Ledyard; Corresponding Secretary, Dr. George H. Palmer; Treasurer, Dr. M. T. Wilson; Censors—Dr. George H. Palmer, Dr. H. H. Ingerson, Dr. F. E. J. Canney, Dr. J. N. Eckel, Dr. J. C. Raymond. Board of Examiners—Dr. J. M. Selfridge, Dr. S. G. Tucker, Dr. J. C. Raymond, Dr. G. M. Pease, Dr. J. A. Albertson, Dr. M. T. Wilson, Dr. W. E. Ledyard. Alternates—Dr. W. A. Ely, Dr. Geo. H. Palmer, Dr. G. E. Davis. Board of Directors—Dr. J. A. Albertson, Dr. S. G. Tucker, Dr. G. M. Pease, Dr. J. N. Eckel, Dr. L. J. Kellogg.

The following papers were read: Dr. Max J. Werder reported three interesting cases, on (1) gallstones, (2) ophthalmia neonatorum scrofulosa, and (3) hematuria. Dr. C. B. Currier, through Dr. Pease, presented a paper on the "Laryngoscope." Dr. S. G. Tucker reported a case of "valvular disease of the heart" cured. Drs. Davis, Pease, Kellogg, Albertson, and Selfridge also reported cases on diseases of women. Dr. G. E. Davis read a paper on "Hydrocephaloid." Dr. J. M. Eckel presented a paper on "Eclampsia Infantum."

Then followed discussion on Dr. Selfridge's paper entitled "Anti-natal Influences," in which Drs. Worth, Selfridge, De Derby, and Pease took part.

Dr. F. E. J. Canney read a paper on "Medical Education."

A communication from the Board of Directors of the Hahnemann Medical College of San Francisco was read by the Secretary, and elicited an animated discussion.

Dr. Eckel, the retiring President, delivered an address.

THE Kansas State Society has elected Dr. J. Roby President, Dr. W. D. Gentry Vice-President, Dr. Mosley Secretary, and Dr. Johnson Treasurer, at a recent large and enthusiastic meeting. Dr. Gentry delivered a public address and Dr. Roby read a poem. Wyandotte will be the next place of meeting.

THE Western Academy of Homeopathy will hold its seventh annual convention at the Palmer House, Chicago, Ill., June 8, 9, 10.

DANGER IN AMPUTATING THE TONSILS.—Prof. Penrose, of Phila., in a lecture on Chronic Tonsillitis, says: "I would never excise a male child's tonsils without explaining the possible effects to the parents, for I saw some years ago a statement made by a writer in one of the foreign quarterlies, that amputation of the tonsils for the cure of chronic tonsillitis, was sure to destroy virility in a man. Some time after reading the article in question, a medical friend happened to drop in, and, not at all satisfied in my mind regarding the accuracy of the writer's statement, I put the question directly to him: 'Do you believe that amputation of the tonsils destroys a man's virility?' 'Oh, no, Doctor,' said he, 'that is all trash; why, I had my tonsils cut when I was a child.' Gentlemen, my medical friend has been married twenty years; although his wife is an unusually healthy-looking woman, she has never had a baby."—*Med. Gazette*, Mech. 5, 1881.

CLINICAL NOTES.

DISCUSSIONS IN THE HOM. MED. SOCIETY OF ALLEGHENY CO., PA.

APRIL MEETING.

Dr. Hofmann: In one case of rubecula, with high fever, a highly-reddened, profuse eruption, greenish diarrhoea, the child was attacked with successive spasms. I do not know the reason for them, unless by reflex irritation from the intestinal tract, which might have been affected by the disease similar to the skin.

In some of the cases of sore throat, the mucous membrane seemed infiltrated with a watery secretion, the uvula and tonsils having this oedematous appearance. There was very little discharge. *Phyt.* gave the greatest relief.

Rheumatism has been prevalent. I had one case of acute rheumatism in an old man 80 years of age.

Dr. Burgher: In regard to cases of cerebro-spinal meningitis, I saw one case, that of a woman 45 years of age, who had been complaining for some time of headache and sore throat, when she was suddenly attacked with delirium and throwing of the head backwards. It took several attendants to keep her in bed. She gradually improved under *Bell.*, *Gels.*, and *Ver. vir.*

Acute catarrhs have been common, as also rheumatism and neuralgia. *Rumex* has helped the catarrhs with cough with aggravation on entering a warm room.

Dr. Ferson: I was called to see a child, and found it in a semi-stupor, or comatose condition, dilated pupils, and an inability to see or hear. I gave *Helleb.*, and on my next visit found a decided improvement in all the symptoms. Since then, however, the case has been through a series of alterations. One day the temperature will be 99°, and the child will be bright; the next day the temperature will be 102°, and the child restless. There is, however, a steady progress toward recovery. It has complained of constant pain in the back of the head and down the neck, accompanied with chewing motion of the mouth, and rapid winking. *Helleb.* and *Bry.* were given in alternation at first, but afterwards I gave *Bry.* alone.

Dr. J. B. McClelland: A boy, three and a half years of age, had scarlet fever about three months ago. He was seized a short time since with, as his mother described it, a sort of inward spasm, which lasted for 36 hours. After consciousness had returned he complained of pains in different parts of the body, such as forehead, umbilicus, knee, etc. The tongue was white, as though coated with plaster-of-paris.* At times he wanted to be carried or held; at other times he could not be touched on account of the pain. He was exceedingly thirsty. *Gels.*, *Rhus.*, *Arsen.*, *Cimicif.*, and *Cham.* have been given.

Dr. J. H. McClelland: The month has been prolific in skin diseases, genuine and spurious; it being difficult at times to differentiate between them.

I have recently seen four cases of cerebro-spinal meningitis, three of them in consultation. In one case there was very little eruption, only a few purplish spots here and there. The case was ushered in with unconsciousness, followed by extreme hyperesthesia, irritability, with outbursts of neuralgic pains—patient would scream out on account of the severity of the paroxysms; the head was drawn back. *Cicuta* was given, and later *Cimicif.*

Have seen a number of cases of scarlatina, with the peculiarity that the cases were either extremely malignant or very mild. One case, in a house where scarlatina was already present, was taken with all the symptoms of scarlet fever—sick stomach, rapid rise of temperature, red blush over the body, tongue red. This condition lasted for two or three days, when the eruption faded away and was succeeded by a complete crop

of measles, with all the symptoms of measles—the smell, blotchy character of the eruption, catarrhal symptoms, photophobia, lachrymation and cough. These ran a course of five to six days, subsided and left a reddened surface of scarlatinous character. I was not certain of its character till desquamation began to take place. Dr. Loomis reports a similar case, where measles superseded scarlatina, and when it had subsided the scarlet fever ran its course. I have been using ozone in two families where scarlatina is present. None of the remaining members of the family have as yet taken the fever, although the month has not yet fully elapsed. The cases themselves seemed to be mitigated as soon as the ozone was used.* I have used *Rhus* in most of the cases of scarlatina, and when the throat was unusually affected *Nitric acid*.

In the cases of inflammatory rheumatism with high fever, I have given *Gels.*; *Aconite*, given low, appeared to give benefit in two or three cases where the heart seemed to be affected.

Dr. Hofmann: I have seen measles interrupt the course of vaccination, the latter assuming its course as soon as the former moderated.

Dr. Martin: I have had several cases of cerebro-spinal fever, with one fatal case. In some of the cases the treatment has not been satisfactory. I do not believe *Bell.* is a remedy adapted to this disease. The action of *Bell.* is upon the brain, while the force of this disease is spent upon the meninges of brain and cord; and this may be the reason for the failure of the remedy in so many cases, if my conclusion is well founded. In severe cases, especially where convulsions usher in the scene with vomiting, prostration, loss of muscular power in the back and neck, *Cicuta* has been the best remedy in my hands. In one case with the above symptoms, where I omitted its use, the disease terminated fatally. Cases which recovered, have pursued the alternating course mentioned by Dr. Ferson. This condition leads to a favorable prognosis, whereas a permanent rise of temperature and increased pulse is unfavorable. If the temperature rises to 104°, then drops and again rises, the second rise is not to be considered as dangerous as the first rise. I have used *Gels.* and *Ver. vir.* in some of the cases, the latter where there was a high temperature, the action of the heart violent, and the symptoms apparently calling for *Aconite*; since I have found its action to be more favorable than the *Aconite*. Where there was vesical and rectal irritation I have used *Nux.* In one case, with vivid hallucinations, singing in the ears, grasping at objects in the air, I gave *Stram.* I would like to hear something about the use of adjuvants. Old-school authorities give us but little light in the treatment of this disease. The use of *Morphia* is the chief reliance. All of my cases did not have an eruption—at least I could not detect it; in some cases there were a few purplish spots.

Dr. J. B. McClelland: In the case mentioned by me, the attack began with fever and vomiting, and was soon followed by purplish spots. The eyes were set, with tendency to internal strabismus, especially of the right eye. This latter condition remained for several days after consciousness returned.

Dr. Burgher: Hot water fomentations along the spine is a very valuable adjuvant in cerebro-spinal meningitis. In the cases where *Bell.* seems to be indicated, but fails to act, *Glon.* may be of service.

Dr. Bingham: One of my cases of cerebro-spinal meningitis, that of a child, was ushered in with vomiting, with a bloody or dark coffee-grounds material mingled with the vomited matter. There was high fever, tenderness along the spine, no delirium, pulse 120, temp. 104°. The symptoms gradually subsided. In the case of an adult, where there was a tendency to a typhoid condition, there has been the alternating condition already referred to. (Patient has since died.)

* *Ant. Crud.*—Eds.

* The efficacy of Ozone has been verified by many.—Eds.

I was lately called into a family where a child had died of scarlatina, under the following circumstances: The child had been very restless and fretful, and *Morphine* was given. The child slept for 36 hours, then awoke in spasms, and finally died. I know of another child who died in the early part of the winter from the same apparent cause. I believe there is great danger in the use of *Morphine*, for the purpose of narcosis, in eruptive diseases.

MAY MEETING.

Dr. Childs: A few weeks since I attended a woman in confinement, who told me that she inevitably lost her milk a few weeks after her child was born. The same thing happened on this occasion—about two weeks after the confinement. I gave the 3d trit. of *Fragaria vesca* as recommended by Dr. Charles Mohr (*Trans. Med. Soc. Penna.*, 1879), and with satisfactory results; the milk returning in full quantity. Dr. Ramage, of Mansfield, reported to me the use of a decoction of the plant in the case of a cow in whom the mammary secretion had ceased. The result was prompt.

Dr. J. B. McClelland: I have had several cases of the cerebro-spinal meningitis, at least I so diagnosticated them. In one of the cases, on two different occasions, the temperature fell to 95°, while the skin felt cold and clammy. Then the temperature rose as high as 102°, the face having a deep dark-red appearance and was very hot to the touch. This patient throughout the whole case, now in the fourth week, has been more or less delirious, muttering and talking; at times would answer questions very promptly, and at other times would only answer half the question correctly. The mind at this date seems perfectly restored, but she is very weak. In another case, which was first seen late in its course, there was unconsciousness, could scarcely perceive any motion of respiration, pulse very weak and small. It remained in this unconscious state for five days and then began to show signs of intellectual life. *Bry.* and *Hyo.* were the only remedies given.

Dr. Martin: I have never used the *Fragaria vesca*, but in similar circumstances I have had good results from *Urtica urens*.

I do not believe there is any relation between scarlatina and cerebro-spinal meningitis. During the past month I had several cases of the former disease in one locality, but there was no case of cerebro-spinal fever in the neighborhood. It is not more prevalent in new districts or near sewers. I am now attending three cases on one of the highest points on our side of the river. Although called a zymotic disease and claimed to emanate from filth and foul surroundings the disease appears amid the best hygienic surroundings. One of the cases, a lady 45 years of age was suddenly taken with vomiting, intense thirst, and drawing back of the head; this gradually disappeared, but for the last two weeks she has been in a state of mental imbecility. She wants to lie without any clothing over her; and yet when I came suddenly into the room, she instantly pulled the clothing over her, showing still a consciousness of propriety. *Ver. vir.* has given the most satisfaction in my cases. Persistent vomiting is as marked under this drug as under *Arsen.* and others. The dry brown streak down the centre of the tongue, characteristic of this remedy, has been frequently present, and has been accompanied many times by the other extreme to the mental excitement of *Ver. vir.*, namely, stupefaction.

Dr. J. H. McClelland: In regard to the use of ozone in scarlatina, referred to at the last meeting, my impression is, if any conclusion can be drawn from a few cases in two or three families, that cases promising to be malignant, were soon moderated. Although other members of the family, in every case but one, were attacked, yet the attacks were all mild.

In regard to the cases of cerebro-spinal fever, one of them had the symptoms of the fever pretty well marked in the early stages of the sickness. The child would

scream out as if in severe pain, and had at the same time violent opisthotonos. The symptoms moderated in two or three days and I thought the diagnosis was wrong; the child appearing to be well. *Gels.* and *Cham.* were the remedies used: the latter for the exceedingly wild, restless condition. In the course of a few days however, the child was attacked at about 11 o'clock at night, after an apparent well day, with high fever, drawing back of the head and crying. This would last till about 4 A.M., when it would quiet down and go to sleep; in the morning it would awaken seemingly well. This occurred for several successive nights, and then came on every other night, manifesting a tendency to periodicity. Whether it was of a malarial nature or not I do not know. The family lived on the ground floor, but did not use the cellar because of its filthy condition.

Dr. Cooper once made the remark that he believed laceration of the perineum occurred oftener after the head was born than before or during its passage. I was incredulous concerning the truth of the observation, but I had lately a case which gave evidence of the probability of the truth of the assertion. In a case of rather tardy labor where the head became wedged against the pelvic bones I applied the forceps and without a great deal of effort brought the head down to the perineum where the pains were sufficient to expel it. As a matter of precaution I held the head back somewhat during two or three pains lest the action might be too violent. I had an opportunity to watch the labor, and made careful observations while the head was being expelled, so that I am satisfied that no laceration occurred at that time; another pain brought the shoulders and body, and I laid the child to one side to take care of the after-birth. Before replacing the patient in a comfortable position, I made an examination and found a laceration extending to the sphincter ani. The shoulders were large, but they came without haste and in a regular manner.

Dr. Seip: I am very dubious concerning the efficacy of prophylactic means in scarlatina. I do not give any remedies to prevent diseases, and I do not see that I have any more cases in a family than formerly. I think Dr. McClelland's experience with ozone, which, of course, is limited, will amount to the same result. Some children are more subject to the morbid influence than others.

Dr. Martin: How about vaccination?

Dr. Seip: I believe vaccination to be a protection.

Dr. McClelland: The same question occurred to my mind. I do not see any reason why such a thing is not rational. I have been so fortunate as not to lose a second case in any family since I have been in practice, but I invariably give remedies to mitigate or prevent an attack. In numerous cases all the remaining members of the family have escaped, and in the majority of cases those who have been attacked had the disease lighter.

Dr. Seip: There is a tendency in all epidemics for the attacks to grow lighter.

Dr. McClelland: That may be, and probably is, true of cases occurring toward the close of an epidemic, but I consider the same force to be present, when within a few days several members of a family are successively attacked. I have only had occasion to use three remedies as prophylactics, viz., *Bell.*, *Merc.* and *Sulph.*; giving the medicine which is called for in the severe cases of the same epidemic. (T. M. S.)

ACTION OF THE INTESTINAL SECRETION.—The experiments of B. Demant (*Virchow's Arch.*) in relation to the intestinal secretion, gives the following result: The secretion contains no peptic ferment and is quite indifferent to the different protein bodies. By its action, starch is transformed into grape sugar; cane sugar is likewise changed. Inulin is not changed by the secretion. Fat which contains free sebatic acid, is emulsified; neutral fat, on the contrary, is not affected. (*Hom. Rundec.*)—(T. M. S.)

TRANSLATIONS, GLEANINGS, ETC.

THE DIAGNOSIS OF CANCER OF THE RECTUM.—In the "New York Medical Journal" for April, 1881, Dr. Charles B. Kelsey gives a study of the different forms of cancerous disease met with in the rectum, the chief characteristics of each, and the methods of distinguishing one from the other, and all of them from non-malignant ulceration and stricture. The varieties are enumerated, in the order of frequency, as epithelioma, scirrhous, encephaloid, colloid, melanoma, and osteoid. Of epithelioma he makes two varieties, the lobulated and the cylindrical. The former is the variety most often seen on the lip, and when found at the rectum it begins as a warty growth at the verge of the anus; the latter has its favorite site in the rectum proper, above the internal sphincter, where it forms a soft, friable mass on a hard, ulcerating base, causing a fetid discharge of blood and pus. Scirrhous is most apt to be mistaken for long-standing non-malignant disease, and is best distinguished from it by the clinical history. Encephaloid may be found on section either comparatively firm, or nearly fluid; it is often very vascular, and, when its inclosing capsule has burst, a protruding, fungous mass is the result; its growth is very rapid, and it attains to great size. In colloid the structure is nearly the same as in encephaloid, except that the alveolar spaces are filled with jelly-like material. The author has collected ten cases of melanoma of the rectum, which he believes to be all on record. This variety is easily diagnosed by its gross appearances. Of osteoid cancer, which is also easily distinguished, he has found but one case where the growth was manifestly from the rectum, and not primarily from the pelvic bones. The symptoms of the disease are divided into pain; those due to contraction, to ulceration, to invasion of neighboring parts; and, lastly, the generalization of the disease. There is nothing in the symptomatology to distinguish a malignant from a non-malignant stricture, and the diagnosis must rest upon the history and the physical examination. Dr. Kelsey uses artificial light for his rectal examinations, and describes an arrangement for this purpose, on the same plan as that of Tobold's laryngoscope, the light being movable to any part of the room. With this and a forehead mirror the rectum may be thoroughly illuminated. Fortunately for the diagnosis, most cancerous as well as most other strictures of the rectum are located within reach of the finger. The sensation imparted to the finger is peculiar, and is not easily described. In the early stage, when the mass is firm and hard, and yet circumscribed, and before ulceration has taken place, the disease is not easily mistaken. After sloughing has occurred the appearance of the mass and its feel are diagnostic. Disease at the upper limit of the rectum is best examined for through the abdominal wall. The author has little confidence in explorations of the sigmoid flexure *per rectum*, believing them very apt to mislead. With the finger it can be decided whether extirpation or rectotomy is allowable; and, if the disease is beyond the reach of these measures, there is but one point to be decided—whether colotomy should be done on the right or on the left side—a point which can generally be settled without running the risk of fatal exploration with an instrument.

LIQUEFYING OZONE.—Two French chemists have accomplished the important result of liquefying ozone. A pressure upon the gas of 75 atmospheres was applied; while the liquefaction of oxygen requires the enormous pressure of 800 atmospheres, or 4,500 pounds to the square inch. These investigators found ozone to have an azure blue color under all circumstances, the shade deepening with increase of compression. They discovered also that the gas is an explosive one, since, unless compressed slowly and at a low temperature, it exploded with a blue flame.—*Jour. of Mat. Med.*, Feb., 1881.

CHLOROFORM IN LABOR AS A CAUSE OF UTERINE DISEASES.—Dr. E. Cross has a paper in the *Arkansas Medical Monthly*, in which he endeavors to show that the use of chloroform during parturition is not the least among the causes which may be assigned for the marked increase in uterine diseases during the past 20 years. After describing the unfavorable results which in his own experience of many years attended the administration of chloroform to obstetrical patients, he thus answers the question "How can chloroform induce such a condition?" "Chloroform is a noted sedative, producing profound stupor and insensibility. Under its influence the whole muscular system becomes relaxed, even the muscular coatings of the blood-vessels. What, then, would naturally be the effect of chloroform in lethal doses upon a nervous system prostrated by the throes of labor? What upon the uterus, whose every muscular fibre has just been stretched to the utmost, and has exhausted its power in expelling the contents of the organ? What the effect upon the blood-vessels that have nourished this growing organ for the past nine months, increasing *pari passu* with its growth, now that their task is done? This blood supply is no longer needed, but a flaccid and relaxed uterus still receives the flow. In vain a feeble and overpowered brain cries out against it—the blood-vessels, by reason of their muscular relaxation, can no longer control the stream. The tired out muscular fibres of the uterus are additionally paralyzed by the effect of the chloroform still circulating in the blood, preventing the firm contraction of the womb, and its abnormally enlarged blood-vessels. Thus we have the most favorable conditions possible for sub-involution and its resultant evils." Dr. Cross also claims that septic fever frequently follows the use of chloroform in labor, as, the relaxing influence of the anæsthetic continuing for some time to be felt, clots are more liable to be retained, decomposition to take place, and, in consequence, the fever.—*Jour. of Mat. Med.*, Feb., 1881.

PERNICIOUS INTERMITTENTS.—Prof. N. S. Davis, M. D., of Chicago Med. College, in a lecture on this subject, claims that the presence of the malarial poison in the blood produces a primary and direct effect on the elementary properties common to all the tissues, viz.: susceptibility and vital affinity, and that the nervous disturbance is only a part of this more general action. The leading indications for treatment, are: To bring about general and uniform reaction by the prompt use of such means as will most efficiently increase the tonicity of the tissues, the molecular changes, and the vaso-motor sensibility; 2, to prevent, by appropriate treatment, the supervention of a second paroxysm. Prof. D. advises the sudden and temporary application of cold as the most rational and efficient means of fulfilling the first indication. The patient is stripped, and several gallons of cold water are suddenly dashed over the head and trunk of the body; he is then quickly rolled up in dry flannel blankets for 30 minutes. If there is no decided improvement in pulse and temperature at the end of that time, he is unwrapped and the dashing with cold water is repeated, followed as before by rolling in warm blankets. This may be repeated three or four times if necessary; generally two repetitions suffice.—*Boston Med. and Surg. Jour.*, Mch. 3, 1881.

PRODUCTION OF LOCAL ANÆSTHESIA.—It has been ascertained, by experiments made in Germany, that on the finger being held a long time in alcohol, having a temperature of 5 per cent., no pain was experienced, and although the finger distinctly perceived the faintest touch, sharp pricks gave no pain. This seemed to show that the application of cold alcohol has the effect of depriving the part of the special sensibility to pain, without, however, impairing the delicacy of the general tactile sensation which resides in the superficial integument. Glycerine was found to possess a similar property.—*Jour. of Mat. Med.*, Feb., 1881.

A CASE OF LYSSA HUMANA OF SEVEN WEEKS' INCUBATION.—Dr. Knopf (*Hom. Rundsch.*) prescribed on June 29th for a boy eight years of age, who began to complain on the day before of fever and severe hiccough. When seen there was high fever with sweating, intense anguish of countenance, and superficial respiration. The pupils seemed to be slightly dilated. Auscultation and percussion did not reveal anything abnormal. On pressing down the tongue for the purpose of inspecting the throat, a peculiar choking sensation was produced; but no attention was paid to this, since many suffer in a like manner under similar circumstances. The throat did not present anything abnormal. Measles was at this time prevailing in the village, *Natrum nit.* was prescribed. At 4 A.M. of the next day the report was that the boy had been suffering from cramps since 8 P.M.; he could not take the medicine on account of the incessant hiccough; he seemed, however, to be very thirsty. In the intervals of the attack he was conscious, but spoke in a peculiar hasty and interrupted manner. At this time it was learned that in the early part of May the child had been bitten on the arm by a dog running through the street; the wound had bled but slightly and nothing further was thought of the matter. The patient was covered with sweat and was tossing around in the bed with great difficulty of breathing; on speaking to him in a high tone of voice he seemed, for a moment, to regain consciousness, but he was not able to speak. The pupils were widely dilated. The scar of the wound was the size of a pea; the surrounding skin did not show anything abnormal. A spoonful of water which was offered to the patient, caused severe spasmodic action in the throat and breathing. These lasted uninterruptedly for one hour. *Morphia* was injected subcutaneously. The patient died in the midst of a general convulsion, 48 hours from the beginning of the attack. The dog who had bitten the child had been seen in a neighboring village on the day before, and at the time of the onset of the attack in the child, two dogs had been killed in the above mentioned village, for suspected rabies. Thus the incubative stage in all three of these cases lasted for seven weeks.

The editor of the *Rundschau* adds: "A well-authenticated case is known to us where the incubative stage lasted from Christmas eve till June. In the *Leipzig Tagebl.* is reported a case where the interval was thirteen months. (T. M. S.)

HEALTH RESORTS IN WESTERN TEXAS.—The comparative claims of three localities in Southwestern Texas as places of refuge for invalids from the North during the winter months, are set forth by Dr. F. C. Lawrence, in the *Chicago Med. Jour. & Rev.*, for March. San Antonio, where the great majority of invalids remain, he considers objectionable as being only 700 feet above the sea level. Its atmosphere, moreover, is highly charged with moisture, while mud in rainy weather and dust in the dry season, render life almost intolerable. The village of Boerne, 30 miles northwest of the city, is built on a substratum of clay, and is exposed to the damp south winds which invariably succeed the northers. Malarial fever of a severe type is also prevalent there. The village of Kerrville, on the banks of the Guadalupe river, 36 miles northwest of Boerne, is represented as possessing all the advantages wanting in the above places, together with good hotel accommodations at moderate prices. Here, during at least 8 months of the year, one can sleep in the open air with not only impunity, but in the early stages of phthisis with positive benefit.

DIPHTHERIA.—It is said that a superstitious practice prevails in Russia of putting a wafer into the mouth of a child suffering with this disease, and then into the mouth of a healthy child, with the idea that it is a protection against the disease. It would be difficult to devise a more certain mode of communicating the malady. —(*Oncinatti Medical News*, February, 1881.)

ELONGATION OF NERVES.—M. Quinquaud (*Le Prog. Med.*) reports three cases of elongation of the frontal nerve, two of them being for supra-orbital neuralgia and one for epileptiform neuralgia. The former operations were successful but the latter was not. In the two cases cured the anesthesia was almost immediate and complete, and still persists, while in the unsuccessful case the anesthesia lasted only two hours. It is necessary then, when the presence of the neuralgic symptom is the only indication for operating, that the resulting anesthesia should be permanent, if we would expect a cure. M. Q. has not found in animals operated upon, where only a slight anesthesia was produced, any appreciable lesion of the nerve. In persistent anesthesia, on the contrary, he has noticed a secondary degeneration in a large number of the nerve tubes; in some the gray substance was granular and divided; in others it was entirely wanting; while others were intact. The result of a successful operation is not therefore a dynamic state but an anatomical lesion.

In another communication in which M. Marcus had noticed similar degeneration in the nerves of animals, attention was called to the fact that this degeneration occurred in the central end of the nerve and not at the peripheral. Without vouching for this statement, M. Laborde thought that we might see in this result the effect of the sudden compression of the nerve at the point at which traction was made. (T. M. S.)

THE FIRST STAGE OF COXALGIA.—M. Lannelongue (*Le Prog. Med.*) had made an autopsy in the case of a little girl of five and a half years of age who had applied to him for treatment during the first stage of coxalgia and who died of diphtheria. There was nothing abnormal in the region of the hip; no effusion in the coxo-femoral articulation; no apparent deformity in the articulating surfaces; the integrity of the synovial membranes was almost perfect. But on cutting into the femur he found, immediately below the epiphyseal cartilage, a small abscess filled with caseine, and an examination of the medullary tissue of the bone revealed tubercular granulations; it is probable that the abscess was also tuberculous. The patient was of excellent physique without any external manifestations of struma, and she had certainly been cured of the tubercular coxalgia. She had been cured as local tuberculosis is cured. Similar facts ought to be numerous. Tubercle occurs much more frequent than we imagine; and the surgeon often finds, far from the morbid centres, as in the humerus, forearm or vertebrae, tubercles which have never manifested their presence. A tubercle may be, therefore, painless or painful. It is painful only when complicated with osteitis; in the opposite condition it may pass unnoticed. (T. M. S.)

ELONGATION OF THE SCIATIC NERVE.—M. Laborde (*Le Prog. Med.*) in experimenting upon two guinea pigs stretched the sciatic nerve and found that when the two external toes were pinched, these being supplied by that nerve, the animal remained unmoved; but if he pinched the same region of the corresponding limb there were manifested acute pains and reflex movements extending even to the first foot. The descending current is then preserved, which is additionally proven by the fact that the two internal toes of the foot operated upon, and which are supplied by the crural nerve, are sensible to the pain. These results are equally permanent in the rabbit and dog. He had examined at Bicêtre, the first patient upon whom M. Debove had practiced elongation of this nerve, and since that day the lightning-like pains had disappeared. But, in addition, the conscious sensibility and reflex sensibility present marked differences on the two sides, being very weak on the side operated upon. This accords with the results obtained upon animals. It would be necessary then, in elongation, to continue the traction until marked diminution of the sensibility. (T. M. S.)

STRANGULATED UMBILICAL HERNIA.—M. F. Terrier (*Le Prog. Med.*) after calling attention to the change of opinion among surgeons in regard to the non-interference in this class of cases as compared with inguinal or crural hernia, gives the treatment of three cases under his own observation. The first case was that of a woman, 77 years of age, who was suffering with a large old irreducible umbilical hernia. This hernia had frequently been the seat of accidents, but at this moment it appeared to be permanently strangulated. As, however, there was a possible doubt, and as it might be only a peritoneal hernia, the patient was kept under observation for a few days, when an operation was finally determined upon. This was done as a last resort and without the least hope of a successful result. On account of the size of the hernia, it was necessary to make an L shaped incision. After the sac was opened three knuckles of intestines were found, without any trace of a recent peritonitis, but so intimately connected, that notwithstanding a most tedious dissection they could only be partly liberated and reduced. To the external sac was attached a small collateral sac; and on the inner surface of the abdominal wall, M. T., by means of the finger as a guide, could detect a diverticulum descending towards the pubis. At the autopsy there was found a properitoneal hernia, in addition to the external one; this form of hernia is the first one known in connection with an umbilical hernia, and is similar to the inguino-crural-properitoneal hernia described by Kronlein (of Berlin). But a satisfactory explanation of the mechanism of the strangulation could not be made; only a slight contraction of the intestines existed at the properitoneal hernia.

The second case occurred in a man, and it had been in a state of strangulation for 36 hours. The hernial sac was found covered with fat; it was opened freely, three small tears made in it, and the hernia reduced after having carefully examined and wiped it. The hernia was formed of the small intestine and did not include an epiploon. Deep union of the walls at the neck of the sac together with a superficial union were attempted and a drainage tube inserted; the former healed very rapidly, but the latter did not do so well, still the patient recovered without any accident; alcoholic dressings were used.

The third case was that of a woman, 45 years of age, in whom the hernia had existed for 19 years. It was composed of epiploon and was usually reducible, but on two occasions it had manifested symptoms of strangulation which had been removed under taxis. Taxis failing at this time, twelve hours after the appearance of the strangulation, colotomy was practiced. Besides the epiploic complications, the sac contained twelve centimetres of the small intestine, as well as a large quantity of a bloody serum. Lister's mode was used, and two drainage tubes were inserted in order to facilitate the escape of the serum; the one, deep, corresponding to the hernial orifice itself, the other was superficial. Reunion of the skin took place within 24 hours; but after the immediate reunion, the lips of the wound became gangrenous, but it did not prevent a rapid cure.

M. T. would, therefore, insist on the advisability of operating upon umbilical hernia, the only exception being, perhaps, large irreducible omental hernia. He insists, also, upon the necessity of thoroughly washing the intestine, and the utility of superficial and deep drainage tubes. He would not hesitate to return into the abdomen, as in ovariectomy, the pedicle of the epiploon.

M. Polaillon recalled three similar observations. In the first case the pedicle of the epiploon, which had been at first adherent to the hernial orifice, was left in place to serve as a plug; in the second case the hernial orifice had been sutured. In both of these cases the cure was prompt although gangrene of the integument along the incision had taken place. The third case was a severe one of a hernia always irreducible and in which

a sudden eruption of a new loop of intestine had produced strangulation. A part only of the hernia was with great difficulty reduced; although some gas and stools were passed, the patient died of peritonitis. He thought that a hernia not exceeding the size of a fist might be operated upon with safety; on the contrary, large hernia would seriously effect the prognosis. The presence of gangrene can be explained by the thinness of the coverings at the point of the hernia; but this gangrene does not give rise to any trouble, the reunion of the deep parts always preceding it.

M. Verneuil was willing to operate upon small umbilical hernia, owing to the progress of the antiseptic methods, but until further experience could be obtained he would not operate on the large ones. In such cases he preferred the modest resources of ordinary therapeutics; he was especially opposed to taxis, under such circumstances, which only aggravated the danger.

M. Trelat: One thing which prevented the older surgeons from interfering in the case of strangulated umbilical hernia, was the marked facility with which inflammation was aroused. Peritonitis was easier aroused in umbilical hernia than in any other, from the fact; First, that it has no sac; second its envelopes are very thin; third, in consequence of its situation at a prominent point, it is exposed to every form of external mechanical influence. The more recent, therefore, and the more free from complications, the hernia, so much the more successful the operation; and above all the antiseptic precautions were the reasons for the success obtained. Umbilical hernia should be divided into three classes: First, recent, violent, presenting in every detail the phenomena of a strangulated hernia; second, large, old adherent hernia; these are, generally, epiploceles, which do not become strangulated, but become inflamed; third, old epiploic hernia which are complicated with recent hernia. In the first case, it is necessary to operate as soon as possible;—the old authorities were wrong in abstaining from the operation; in the second case an operation is contra-indicated; in the third, the question is still in doubt. (T. M. S.)

TRUE AND FALSE DYSPEPSIA.—M. G. Séo (*Le Prog. Med.*) assigns the former term to the condition due to a continuous chemical process. Many persons, however, complain of the same apparent phenomena as dyspeptics, without experiencing either the inconvenience or the grave consequences of chronic dyspepsia. The morbid condition which is designated under the name of pseudo dyspepsia, but which has the symptoms of dyspepsia, are situated in three organs; the intestines, the liver, or the stomach itself. These states comprise five classes: Simple atony of the intestine with habitual constipation and permanent tympanites; atony of hemorrhoidal or mechanical origin; an asthenic state of the intestines due to the diminution of the biliary secretion; spasmodic atony of the stomach. This last division is better known under the name of gastralgia or gastric neuralgia. This term M. S. considers a misnomer. Gastralgia has nothing of a neuralgia, neurosis or hyperæsthesia; it is a motor trouble and not a trouble of the sensibility. As to the diagnosis of spasmodic atony and dyspepsia; in the former the patient suffers continually and digests well, while in the latter the digestion is impaired and the pains frequent. (T. M. S.)

THE DENTAPHONE IN GERMANY.—Herr Treibel, Superintendent of the Royal Asylum for the Deaf and Dumb in Berlin, has made a series of most extensive and critical experiments with this much-praised instrument, beginning with persons born entirely deaf, and ending with those who were still able to recognize words. The results were utterly negative, and Herr Treibel, judging from experiments he also made upon perfectly healthy persons, is inclined to doubt that the instrument can give any noteworthy assistance to anyone whose hearing is in the least defective.—*Archives of Otology*, Dec. 1, 1880

ANOTHER CONVERSION. THE CONVERT'S TESTIMONY.—An incident of the recent session of the Kentucky State Medical Association was the presentation to the body of the resignation of Dr. A. Given, a physician of this city, who gave as a reason for retiring from membership in the Association that he had been convinced of the soundness of the claims of the homœopathic school of medicine and had determined to become a practitioner of that school. Dr. Given has been a practicing physician in this city for fifteen years, and is a graduate of the Chicago Medical school. The following are extracts from the paper of Dr. Given accompanying his resignation: The result of my investigations has convinced me first, that there is vast difference between the theory and the practice; that before one can successfully practice medicine he must unload much of the theory with which the so-called medical science has crammed him; second, that in the allopathic profession we have no law of cure; third, that we are progressing (therapeutically) backward, illustrating the truth of Lord Bacon's remark, "that the medical profession was like a treadmill, and that about once in a hundred years it came around to where it started from." Safe in the truth of these convictions, and convinced that there must be in nature some law of cure, some missing link which was to complete the chain of a true medical science, I began by investigating homœopathy, and let not your lips curl in derision when I tell you that I found a new world in medicine opened up before me. I found there what has caused the investigating, intelligent public to require many of us to discontinue heroic treatment and give smaller doses. I found these ideas and remedies which had been given us as representing the advanced thought and intelligence of our own school, taken—stolen of whole cloth—and palmed off on us as original matter. I had gathered many clinical facts which I had hoped to lay before the profession, and to demonstrate that the large and continuous dosing of patients, as practiced by so many of our school, is not only useless but positively injurious; but I know you will not listen; suffice it to say, that my experience of homœopathic medicines has convinced me that patients recover under its use more quickly and safely than under any other. The vitality of the patient is economized, and when the disease is cured, he is well. There is no long, tedious convalescence to pass through. These facts I laid before some of my medical brethren in the hope of inducing them also to investigate, but I soon found that I had only aroused the bigotry and prejudice which have ever fettered our profession from the days of Harvey, Jenner and Hahnemann. I believe it to be the privilege and duty of every physician to search for medical knowledge in every country and clime, and to gather clinical instruction from every source. I know of no law, human or divine, excepting the Code of Ethics, of the Am. Med. Asso., that will hinder or restrict a true-hearted intelligent physician from using every means that a kind Providence has placed within his reach for the alleviation of the sick. Hence I can no longer obey that code, or allow it to control my conscience. In taking leave of your society I can only hope that the day is not far distant when the shackles will be broken and a progressive spirit prevail in the profession, and that many of you, at least the younger members, may investigate the true law of cure, and no longer withhold its curative power, especially from the delicate female and the tender infant. Let your united voices, young men, be heard in condemnation of that pernicious habit of keeping infants drunk on opiates, soothing syrups and whiskey, from the time they enter the world until they leave it.—*Phys. and Surg. Invest.*, July, 1880.

A NEW DISEASE.—A boy lately died at the Sainte Eugénie Hospital, Paris, of hydrophobia. His saliva, taken four hours after death, has been found by M. Pasteur to have remarkable properties, causing what appears to be a new disease. Two rabbits immediately

inoculated with the saliva, diluted, died in about thirty-six hours. Other rabbits were inoculated with the saliva, or with the blood of the first, and death ensued even more rapidly. The process was several times repeated, and with like effects. The animal, in five or six hours, loses appetite, afterward becomes weak and paralyzed, and at length dies of asphyxia. The windpipe is a good deal congested, and shows hemorrhage. There is also a swelling of the ganglions on either side, and of the groin, and axillæ, etc. M. Pasteur has observed in the blood of the inoculated animals a small organism, or microbe, which (by his method of artificial cultivation) he finds good reason to regard as the agent of the malady. It is a very short rod, slightly contracted about the middle; a sort of areola appears round it, probably due to mucous substance. It is somewhat like the microbe of chicken cholera, but differs entirely in its effects. Fowls inoculated with it are not in the least affected. It is further singular, that while the rabbit is always so quickly killed by the effect of inoculation, the guinea-pig, so closely related to the rabbit, retains its vigor and appetite weeks after inoculation. Whether there may not in this case be a long incubation of the virus, remains *sub judice*. The new malady seems thus far distinct from rabies in the absence of the usual incubation, the nature of the anatomical lesions, and the transmission by inoculation with the blood of the dead animal. Further, dogs inoculated with the boy's saliva died in a few days without presenting rabid symptoms. M. Pasteur, however, thinks it would be rash to affirm the absolute independence of the two disorders; and if rabies may be attributed to the presence of a microscopic organism, some hope is offered that science may find a means of attenuating the action of that terrible malady.

A CASE OF SYCOSIS.—(Dr. Munninghoff, *Hom. Rundsc.*) A lady was taken sick after hearing of the sudden death of a sister. She complained of severe pain in the right thigh, which resembled an attack of sciatica. Very soon, however, the whole of the thigh became affected. After three months' treatment by *Morphia*, *hydrate of Chloral*, and other drugs *pro re nata*, an unfavorable prognosis was given. At this emergency I was called and found the patient suffering the most intolerable agony, which the strongest doses of narcotics and anodynes failed to relieve in the slightest degree. The pain was aggravated by the slightest motion, being most severe in the course of the ischiatic nerve. There was a tingling sensation in the extremity and the pain extended into the lower limb and heel, and was continuous. There was swelling of the glands in the inguinal region. *Sepia 6* was prescribed. On the second visit, but slight improvement, while small dull green stains could be seen upon the clothing. The fright as an exciting cause, the swelling of the inguinal glands, the green spots, all led to the idea of sycosis, and *Thuja* was given. The effect was marked. On the first day the pain lessened so as to be endurable, and for the first time in a long interval refreshing sleep was obtained. In 4-6 weeks the patient was again at her work. She could still feel where the pain had been but thought it would soon wear away. For two months everything went well, but, on attending a dance, the whole difficulty returned with full force. After waiting for two days to see if it would disappear, I was again sent for. *Thuja* was again given and the improvement was as prompt as at the first. (T. M. S.)

ACTION OF THE GASTRIC JUICE UPON THE SALICYLATE OF SODA.—M. Hallopeau (*Le Prog. Méd.*) administered this drug to several dogs which after a time were killed. In analyzing the alimentary bolus he found, in these cases, a certain quantity of free salicylic acid soluble in ether. This peculiarity is interesting from the fact that salicylic acid is an antiseptic and salicylate of soda is not. Therapeutically, we may use either substance, but the salicylate of soda has a more pleasant taste.

CYSTS OF THE IRIS.—A man received a penetrating wound of the cornea (*Le Prog. Med.*), which extended also to the iris; notwithstanding the violence of the traumatism the immediate consequences were mild; the sight was soon re-established, the lens preserved its transparency, and the deep parts did not undergo any alteration. An eye-lash, however, carried in by the instrument remained upon the iris. Four months later there appeared upon the iris two white pearl-like points; the one remained small, but the other increased and from its centre the hair in question emerged. Here, according to M. Masse, is the pathogenesis of irian cysts.

According to M. Giraud-Teulon, there exists three varieties of these cysts: 1, Cysts of the internal epithelial wall with serous contents; 2, Dermoid cysts, enclosing or not masses of fine hairs; 3, Cysts with a white and pearly appearance, which cannot properly be called cysts, but rather tumors having all the structure of pearly epithelioma. These tumors have been described by Mercuyer, and it is to this class the case in point should be assigned. These irian tumors are frequently of traumatic origin (83 out of 100.) They result from the carrying into the anterior chamber, by means of the instrument of a small piece of conjunctival epithelium, this epithelium is engrafted upon the iris and hence the tumor. In the same manner we see detached elements of a glioma of the retina fall to the floor of the chamber and then grow. Confirmation of this theory results in a great degree from the experiments of M. Masse, who was able to produce experimentally irian cysts by introducing hair follicles into the anterior chamber of animals; while the clinical observation of M. Masse had reference to the introduction of a hair, yet it was a hair deprived of its bulb, so that he was opposed to the diagnosis given, but would rather admit the influence of an epithelial graft.

M. Th. Anger had experimented with the grafting of tissues; he had often seen new formations produced, but they were always reabsorbed. If the irian tumors of the patients referred to had the same origin ought they not to have a similar evolution and be finally reabsorbed? (T. M. S.)

COLD AS A CAUSE OF HEMOGLOBINURIA.—M. Mesnet (*Le Prog. Med.*) reports a case where paroxysmal attacks of hemoglobinuria were produced, of greater or less severity, according to the degree of exposure to cold. The duration of the attacks did not last beyond 6-8 hours. In the intervals of the attack the health seemed perfect, at least no organic or functional trouble could be detected with the exception of a slight degree of anemia. The symptoms accompanying the attack were: A marked sensation of cold feet; light chills; cephalalgia and slight vertigo; a sensation of epigastric constriction, and a general malaise, with pain at the heart, but without nausea or vomiting. During this state of malaise, the pulse increased 10-15 pulsations per minute and the temperature $1^{\circ}5$ to 2° . The urine examined from hour to hour during the attack gave a double series, ascending and descending, of graduated shadings, from pale red to very deep red, according to the relative quantity of hemoglobine that it contained. The spectroscope showed the presence of hemoglobine. No traces of red globules could be detected by the microscope. The quantity of albumen coagulated by heat and nitric acid was proportional to the quantity of hemoglobine. The attack ended, nothing abnormal could be found in the urine. (T. M. S.)

RESTORING THE HEART'S ACTION WHEN IT HAS CEASED TO BEAT.—Dr. J. C. Reid, in the *Brit. Med. Jour.*, relates how his father in one case, and he himself in another, succeeded in reviving patients apparently lifeless, by pouring upon the breast a continuous stream of hot water, until the throbbings of the heart were distinctly seen. Hot water can easily be obtained, and no one can object to such an experiment.

ESOPHAGEAL SOUND IN SITU.—M. Krishaber (*Le Prog. Med.*) in one case left the esophageal sound, introduced by the nasal fossa, in situ for 305 days, and in another case, 46 days. The two patients were attacked with neoplasms, which prevented the passage of food. The first patient was still living but the second had died, as much on account of the neoplasm as by the progress of inanition. These sounds introduced by the nasal fossa are well borne; the pituitary mucous membrane easily becomes tolerant and the patient at the most suffers only from a mild coryza or slight epistaxis. This method is applicable to dilatation of the esophageal; for alimentation in the case of neoplasms, retarding the death and being preferable to frequent catheterisms; for spasmodic contractions and in anaplastic operations about the palatine arch. This latter recommendation M. Lannelongue opposes but admits its use in the case of severe mutilations of the face; easily tolerated, it prevents death by starvation. Two indications are to be fulfilled by this method: 1, spasmodic and organic fibrous contractions; 2, grave mutilations of the face. M. L. called attention to the fact that the method was not a new one. Boyer in 1800 left a sound—introduced by the nasal fossa—in situ for 150 days; others in 1845 made use of the same method.

M. Vernenil remarked upon the suffering attending the effort to satisfy hunger and thirst after operations upon the tongue and supra-hyoid region; it sometimes being so severe that patients prefer death by starvation. To relieve this condition he has made use of the esophageal sound as mentioned, using for the purpose the red-rubber sound, and would insist upon its harmlessness. (T. M. S.)

UNIFORM TIME.—The question of a uniform standard of time in this country for both popular and scientific use having, says *Science*, been examined by the American Meteorological Society, Professor Barnard, its president, has recommended the adoption of five sectional standards for the American continent. The standard meridians he would use are those of 60° , 75° , 90° , 105° , and 120° west of Greenwich. The time of the first would be known as "Eastern time," and would be the standard in Newfoundland, Nova Scotia and New-Brunswick. The next would be "Atlantic time," current from Maine to Florida. Then would come "Valley time," for the centre of the continent; "Mountain time," for the Rocky Mountain region; and finally "Pacific time," for the Pacific States and British Columbia. Each of these standards would be exactly one hour later than the one east of it; and the first would be just four hours later than Greenwich time. The central meridian of 90° , which passes through the Mississippi Valley, and might be regarded as the standard time of the United States, would be just six hours later than Greenwich time.

A VERY UNUSUAL OPERATION was performed by Dr. Fenger Nov. 26, 1880. The patient had a large gangrenous cavity in the substance of the right lung, extending from the second to the fifth rib and from the sternum to the posterior axillary line. An incision having been made between the third and fourth ribs, the knife was introduced into the cavity, causing the escape of a large quantity of very fetid matter. Subsequent treatment was conducted on the antiseptic plan, and ten weeks after the operation the patient was living and in a fair way towards recovery.—(*Chicago Med. Review*) N. E. Med. Gaz., March, 1881.

EXCESSIVE ACIDITY OF URINE A CAUSE OF ALKALINITY.—If the urine when secreted by the kidneys is intensely acid, it may irritate the walls of the bladder which quickly pour out a large amount of mucus. This substance acts as a ferment decomposing the urine, and forming ammonium carbonate, which renders the urine alkaline, and in turn gives rise to cystitis.

MALARIAL affections have prevailed to a tremendous extent the present season, and *Ipecac* has been one of the most important remedies in the treatment. The characteristic *nausea* has been the key, and such concomitants as great prostration and weakness; humid asthma and bronchial catarrh, with or without complications, characterized by incessant coughing; chill generally felt first internally, and followed by great coldness and blueness of the extremities. Many symptoms would lead the routinist to *Bryonia*, but it will do no good. *Quinine*, in our experience, has been less frequently indicated than usual. With the appropriate medicine, most cases will yield promptly, but to find this requires careful individualization.

THE "old school" has been agitating for a long time the question of druggists being allowed to prescribe medicines to the sick, but, we are sorry to say, without much success in stopping it. Physicians of our school would be surprised to learn to what extent this same thing is done by homœopathic pharmacutists! One can scarcely enter certain pharmacies without being made aware that the clerk is advising as to the use of medicine, in violation of the statute of such prohibition. Our county society should investigate the matter and take steps to put a stop to it if possible.

THE California practitioners were recently thrown into great consternation by the decision of the attorney of the Collector that the statute imposed a license fee of \$100 per month upon all who "publicly profess to cure or treat disease," etc. As we read the law it applies to *all*, as well as to the "itinerant vender," etc., and, as only the latter class was evidently intended to be included, a complication has arisen which will require skill to untangle. This occurrence is further evidence that medical laws are too loosely enacted, and frequently fail of their intention!

THE following physicians propose to attend the International Convention in London, July 11, 1881: A. J. Baker; C. F. Bingham; W. L. Breyfogle; J. F. Cooper; J. P. Dake; R. N. Foster; E. B. de Gersdorff; W. T. Helmuth; B. W. James; A. L. Kennedy; J. H. McClelland; J. S. Mitchell; L. S. Ordway; A. W. Phillips; R. B. Rush; A. I. Sawyer; I. T. Talbot; C. H. Waker; C. Wesselhoft; W. Wesselhoft; A. W. Woodward; M. Preston; L. E. Cross; J. L. Keep; H. M. Smith; G. E. Belcher; C. G. Higbee; W. H. Randel; A. Warren; C. A. Bacon; F. E. Doughty; Wm. Owens.

AGAIN the announcement is made of the actual and miraculous curing of disease by means of prayer in the "Faith House," no medicines whatever being used, but the patients are "annointed with oil," and in doing this "massage" of course is practiced. It can hardly be claimed that *no treatment* is employed, for both these elements—oil and rubbing—are very important in healing the sick.

THE committee of the State Board of Health, of which Dr. J. Savage Delavan was chairman, has investigated the source of the effluvia contaminating this city, and the Governor has announced the result by proclamation. This Board has done some excellent work since it came into existence.

WE do not wonder that our "old school" contemporaries quote, for purposes of ridicule, the absurd eccentricities of many practitioners of "our school." They are not more amused than many of our own are, but they should bear in mind that the jackasses are not all in our fold.

REMOVALS.—Dr. W. D. Foster, to Kansas City, Mo.; Dr. E. W. Hamilton, to Perth Amboy, N. J.; W. C. Latimer to 44 Third Pl., Brooklyn; Dr. J. C. M. Drake to Erie, Pa.

A PRIESTLY ANATHEMA.—The parish priest of Sandon, in the diocese of Kerida, Spain, has declared from the pulpit that the last absolution, extreme unction, and Christian burial will henceforth be refused to any parishioner who allows himself, or whose kindred allow him, to be treated by any but duly qualified medical practitioners. All men, women, or children who are treated homœopathically will be deprived of the rites of the Roman Catholic Church, and treated as Moors or Jews.—(*The Echo*) *M'tly. Hom. Rev.*, March, 1881.

[The edict of this Spanish prelate who attempts to discipline his parishioners as to the selection of a medical attendant is not a fair example of the position of a majority of the representatives of the Roman Catholic Church in respect to our mode of practice, and we surmise that he will be overruled by his more intelligent and less bigoted superiors.—EDS.]

It is amusing in the extreme to read the medical correspondence of some of our English colleagues relating their impressions and experiences in visiting our own country! The circle in which they move is plainly visible, while their means of judging as well as their fields of vision show contraction to the minimum. Very little idea of our institutions and practitioners can be obtained from such communications.

THE "Beaconsfield Ethics" continues to excite the medical world, but no new developments, worthy of notice, have made their appearance since our last. The "lay" community has shown itself profoundly interested in this subject through some very pertinent communications to the British Press, and "Old Physic" must wake up or she will find her craft landed high and dry on the sands of time.

THE Ohio *Medical Recorder*, one of our most esteemed exchanges, hits the *Medical Gazette* nee *Hospital Gazette* with other aliases, a stunning blow in its notice declining the exchange which had been tendered. This time the boot was on the other leg and the *Gazette* must own that it is fully paid off.

THE Virginia *Medical Monthly* showed great and daring enterprise in the issue, and Dr. L. B. Edwards deserves much credit for the ability displayed in editing, the daily edition, reporting the doings of the American Medical Association at Richmond.

DR. A. C. HOWLAND reports that the Dutchess County Society held a most interesting meeting at Poughkeepsie, on the 6th of April. Drs. Banker, Otis and Howland reported clinical cases, which, with discussion, occupied the time most profitably.

WE have received a copy of the "Physiological Materia Medica," by Wm. H. Burt, M.D., which has the appearance with its one thousand pages, of being a stupendous work. It will receive attention in our next issue.

DR. A. P. WILLIAMSON, Chief of Staff, reports the death-rate at the Homœopathic Hospital, W. I., for the month of April at 3.24 per cent.

DR. RICHARD HUGHES has been appointed President of the International Convention, vice Dr. Hamilton, resigned. A most fitting and appropriate compliment.

THE N. Y. Ophthalmic hospital reports for April, prescriptions, 4,310; new patients, 651; resident, 14; average daily attendance, 166; largest, 233.

DR. CHAS. WOODHOUSE, an eminent practitioner of "our School," has been elected Mayor of Rutland, Vt.